

<b>Case Number:</b>	CM13-0050962		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of 3/26/10. A utilization review determination dated 11/11/13 recommends non-certification of CMP, CBC, and MRI. Physical therapy x 12 was modified to 6. A progress report dated 11/4/13 identifies subjective complaints including constant daily pain in thoracolumbar radiating down to legs, pain in hip, knee, and ankle. Has not had a PTP for 2 years and no PCP. He takes no medications other than OTC. Objective examination findings identify tenderness and muscular hypertonicity in the paraspinals, lying SLR aggravates LBP, barely able to tolerate 35 degrees, poor tolerance to Gaenselen's test and FABER test maneuver, adaptive myofascial muscle shortening on the hamstring. Patellar grinding test: crepitus in left knee. Diagnoses include chronic pain D/O, multi-factorial; chronic LBP, alleged L4 compression fracture; chronic knee pain, history of left knee surgery 2x; leg length discrepancy; gait derangement; myofascial pain D/O; overweight. Treatment plan recommends base line lab of CBC, CMP, may request image studies, Physical therapy 12x.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lab Test; CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete Blood Count (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>)

**Decision rationale:** Regarding the request for CBC, California MTUS and ODG do not address the issue. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. Within the documentation available for review, the provider notes that this is for baseline testing. However, the patient is young with no history of medical conditions and is not utilizing any medications. Therefore, there is no clear indication for baseline testing. In light of the above issues, the currently requested CBC is not medically necessary.

**Lab Test; CMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>)

**Decision rationale:** Regarding the request for CMP, California MTUS and ODG do not address the issue. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. Within the documentation available for review, the provider notes that this is for baseline testing. However, the patient is young with no history of medical conditions and is not utilizing any medications. Therefore, there is no clear indication for baseline testing. In light of the above issues, the currently requested CMP is not medically necessary.

**Physical Therapy x12; modified to x6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Regarding the request for Physical Therapy x12; modified to x6, California MTUS supports a short course of up to 10 PT sessions progressing to an independent home exercise program as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation that the patient has not had any treatment for at least 2 years and currently complains of radiating low back pain as well as hip, knee, and ankle pain with some positive exam findings. Thus, it appears that the

patient has experienced an exacerbation. A previous utilization review recommended modification of the requested 12 sessions to 6 sessions, which is consistent with the recommendations of the CA MTUS. In light of the above issues, the currently requested Physical Therapy x12; modified to x6 is medically necessary.

**MRI; Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Regarding the request for MRI of the spine, California MTUS cites that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. They also cite that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. ODG specifically addresses repeat MRI, noting that it is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is documentation of a history of L4 compression fracture. However, there is no documentation of symptoms/findings suggestive of nerve root compromise or other pathology for which an MRI would be indicated, such as a tumor, infection, or complications from the patient's compression fracture. Furthermore, the patient has a pending course of PT, which should be completed prior to the use of special studies given the absence of any red flags. In light of the above issues, the currently requested MRI of the spine is not medically necessary.