

<b>Case Number:</b>	CM14-0114130		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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.

### 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 40 year old male with a 3/8/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/22/14 noted subjective complaints of lumbar spine pain. Objective findings included limited ROM (range of motion) lumbar spine and tenderness to palpation. There was normal motor testing. There was decreased sensation in the bilateral L5 and S1 nerve distributions. It is noted that the provider is requesting an updated MRI given his continued neurological findings in his lower extremities and history of retrolisthesis from previously; this likely has worsened. Diagnostic Impression: lumbosacral strain, left lower extremity radicular pain. Treatment to Date: medication management, home exercise. A UR (utilization review) decision dated 6/17/14 denied the request for MRI lumbar spine. The request was for an "updated" MRI, however, the prior MRI was not provided and findings are unclear. It has not been noted that plain film x-rays were performed and failure of conservative treatment was not discussed. It also denied a request for physical therapy for lumbar spine 2 x 6. With an injury that is over a year old, extent and duration of prior treatment, as well as improvement from said treatment has not been discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

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

**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) low back chapter - MRI.

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. ODG states that MRI spine is indicated in trauma with neurological deficits. However, in the documents available for review, the provider is requesting a repeat lumbar MRI for persistent neurological symptoms. No official report of a prior MRI is available for review. There is no mention of any interval trauma or changes in the patient's condition. Furthermore, there is no discussion regarding prior conservative treatments such as physical therapy. Therefore, the request for MRI lumbar spine was not medically necessary.

**Physical therapy for lumbar spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter and on the Official Disability Guidelines (ODG) low back chapter: physical therapy.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. Monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG states that there is strong evidence for physical therapy in low back pain. However, with a 2012 original date of injury, it is unclear from the provided documentation how much physical therapy the patient has had. There are no prior physical therapy notes available for review. There is therefore no documented objective or functional benefits from any prior therapy. Additionally, in this current request, there is no mention of specific functional goals for the proposed treatment modality. Therefore, the request for physical therapy for lumbar spine 2 x 6 was not medically necessary.