

<b>Case Number:</b>	CM14-0174794		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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 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 37 year-old auto technician sustained an injury on 9/19/14 while employed by [REDACTED]. Request(s) under consideration include Physical therapy three (3) times a week for two (2) weeks for the lumbar spine and MRI of the lumbar spine. Diagnoses include Lumbar sprain. X-rays of lumbar spine dated 9/22/14 showed normal lordosis; no compression fracture or spondylolisthesis; no significant disc space narrowing. Conservative care has included medications, therapy, and modified activities/rest. Hand-written report of 9/29/14 from a provider noted the patient with low back pain with some improvement since last visit; complains of constant pain with numbness and tingling sensation to left hip, left lower leg with occasional spasm to left calf/lower leg. Medications list Vicodin and illegible. Exam showed restricted lumbar spine ROM (no degrees or planes specified); positive SLR bilateral (no degree or position noted); motor strength of lower leg 5/5 with intact sensation and reflexes symmetric. Impression included persistent lumbar radiculopathy symptoms. Treatment plan included starting Medrol dose pack; Norco and TTD for 1 week until 10/6/14. Hand-written somewhat illegible report of 10/20/14 had unchanged symptom complaints of low back and hip/leg pain with numbness to lateral lower leg. The patient had 3 of 6 PT sessions. Exam showed improved lumbar range, but still restricted, tenderness at paraspinals; neuro exam of bilateral lower extremities unchanged. Treatment plan noted MRI is authorized and will be scheduled and to continue PT, HEP. The patient remained TTD until 10/27/14. The request(s) for Physical therapy three (3) times a week for two (2) weeks for the lumbar spine and MRI of the lumbar spine were non-certified on 10/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three (3) times a week for two (2) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Sprains and Strains

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

**Decision rationale:** This 37 year-old auto technician sustained an injury on 9/19/14 while employed by [REDACTED]. Request(s) under consideration include Physical therapy three (3) times a week for two (2) weeks for the lumbar spine and MRI of the lumbar spine. Diagnoses include Lumbar sprain. X-rays of lumbar spine dated 9/22/14 showed normal lordosis; no compression fracture or spondylolisthesis; no significant disc space narrowing. Conservative care has included medications, therapy, and modified activities/rest. Hand-written report of 9/29/14 from a provider noted the patient with low back pain with some improvement since last visit; complains of constant pain with numbness and tingling sensation to left hip, left lower leg with occasional spasm to left calf/lower leg. Medications list Vicodin and ?illegible. Exam showed restricted lumbar spine ROM (no degrees or planes specified); positive SLR bilateral (no degree or position noted); motor strength of lower leg 5/5 with intact sensation and reflexes symmetric. Impression included persistent lumbar radiculopathy symptoms. Treatment plan included starting Medrol dose pack; Norco and TTD for 1 week until 10/6/14. Hand-written somewhat illegible report of 10/20/14 had unchanged symptom complaints of low back and hip/leg pain with numbness to lateral lower leg. The patient had 3 of 6 PT sessions. Exam showed improved lumbar range, but still restricted, tenderness at paraspinals; neuro exam of bilateral lower extremities unchanged. Treatment plan noted MRI is authorized and will be scheduled and to continue PT, HEP. The patient remained TTD until 10/27/14. The request(s) for Physical therapy three (3) times a week for two (2) weeks for the lumbar spine and MRI of the lumbar spine were non-certified on 10/10/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in

any functional benefit. The Physical therapy three (3) times a week for two (2) weeks for the lumbar spine is not medically necessary and appropriate.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This 37 year-old auto technician sustained an injury on 9/19/14 while employed by [REDACTED]. Request(s) under consideration include Physical therapy three (3) times a week for two (2) weeks for the lumbar spine and MRI of the lumbar spine. Diagnoses include Lumbar sprain. X-rays of lumbar spine dated 9/22/14 showed normal lordosis; no compression fracture or spondylolisthesis; no significant disc space narrowing. Conservative care has included medications, therapy, and modified activities/rest. Hand-written report of 9/29/14 from a provider noted the patient with low back pain with some improvement since last visit; complains of constant pain with numbness and tingling sensation to left hip, left lower leg with occasional spasm to left calf/lower leg. Medications list Vicodin and ?illegible. Exam showed restricted lumbar spine ROM (no degrees or planes specified); positive SLR bilateral (no degree or position noted); motor strength of lower leg 5/5 with intact sensation and reflexes symmetric. Impression included persistent lumbar radiculopathy symptoms. Treatment plan included starting Medrol dose pack; Norco and TTD for 1 week until 10/6/14. Hand-written somewhat illegible report of 10/20/14 had unchanged symptom complaints of low back and hip/leg pain with numbness to lateral lower leg. The patient had 3 of 6 PT sessions. Exam showed improved lumbar range, but still restricted, tenderness at paraspinals; neuro exam of bilateral lower extremities unchanged. Treatment plan noted MRI is authorized and will be scheduled and to continue PT, HEP. The patient remained TTD until 10/27/14. The request(s) for Physical therapy three (3) times a week for two (2) weeks for the lumbar spine and MRI of the lumbar spine were non-certified on 10/10/14. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and sensation throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.

