

<b>Case Number:</b>	CM14-0087466		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 24 year old with an injury date on 4/29/11. Patient complains of ongoing lower back pain, with right groin pain and slight tenderness of right buttock per 4/16/14 report. Patient denied pain in the legs as well as numbness/tingling/weakness in his legs per 4/16/14. In January 2014, patient had sharp pains in left big toe with slight numbness, but there is no current complaints in left lower extremity as of 4/16/14. Based on the 3/31/14 progress report provided by [REDACTED] the diagnoses are: 1. chest pain, unspecified 2. palpitations 3. headache Exam on 4/16/14 showed strength 5/5 throughout lower extremities. Sensory exam intact in both lower extremities. Ambulates with normal gait, and able to toe/heel walk within normal limits. No range of motion testing provided in included reports. [REDACTED] is requesting lumbar MRI and physical therapy. The utilization review determination being challenged is dated 5/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/23/14 to 7/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines.

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

**Decision rationale:** This patient presents with lower back pain and right groin/buttock pain. The treating physician has asked for a lumbar magnetic resonance imaging (MRI) on 4/16/14. Review of the report shows a prior MRIs dated 12/18/12 which showed multilevel mild disc bulges involving entire lumbar spine except L4-L5 effacing the thecal sac centrally and at the exit point of the left L5 nerve root. Official Disability Guidelines (ODG) guidelines state: Repeat MRI's are indicated only if there has been progression of neurologic deficit. According to a review of the records, it appears this patient's symptoms have not changed significantly since the MRI from 1.5 years prior. There is no evidence of weakness, paralysis, bowel/bladder function problems, new injury, or change in pain location. The requested repeat set of lumbar MRIs are not indicated at this time. The requested treatment is not medically necessary and appropriate.

**Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines.

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

**Decision rationale:** This patient presents with lower back pain and right groin/buttock pain. The treating physician has asked for physical therapy on 4/16/14 to maintain core muscles. Review of physical therapy reports from February to April 2014 show patient had 12 sessions. The 4/16/14 report states prior physical therapy has proven effective. California Medical Treatment Utilization Schedule (MTUS) guidelines allows for 8-10 sessions of physical therapy for various myalgias and This patient presents with lower back pain and right groin/buttock pain. The treating physician has asked for physical therapy on 4/16/14 to maintain core muscles. Review of physical therapy reports from February to April 2014 show patient had 12 sessions. The 4/16/14 report states prior physical therapy has proven effective. California (MTUS) guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the treating physician has asked for physical therapy but the number of sessions is not specified. Additionally, MTUS recommends 8-10 sessions and patient has already undergone 12 sessions of physical therapy. Due to ambiguity of request and as patient has exceeded the number of sessions allowed per MTUS. The requested treatment is not medically necessary and appropriate. In this case, the treating physician has asked for physical therapy but the number of sessions is not specified. Additionally, MTUS recommends 8-10 sessions and patient has already undergone 12 sessions of physical therapy. Due to ambiguity of request and as patient has exceeded the number of sessions allowed per MTUS. The requested treatment is not medically necessary and appropriate.

