

<b>Case Number:</b>	CM14-0088756		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old gentleman was reportedly injured on December 8, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of a flare of low back pain. The injured employee states his symptoms have improved somewhat. The physical examination demonstrated decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for an MRI of the lumbar spine, physical therapy for the lumbar spine, and a Medrol dose pack and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast Qty. 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine an MRI the lumbar spine should be performed when there are unequivocal objective findings that identify specific nerve root compromise on exam and the injured employee would be willing to consider operative intervention. The progress note dated may first 2014, contains a normal neurological examination. As such, this request for an MRI the lumbar spine is not medically necessary.

**Physical Therapy for the flaring low back pain. Qty 6:** 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.

**Decision rationale:** The stated date of injury for the injured employee was over five years ago. It is almost certain that the injured employee has previously participated in physical therapy for the lumbar spine and has been instructed in a home exercise program. Considering this, additional physical therapy referral for the lumbar spine is not medically necessary.

**Medrol dosepack #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Corticosteroids, Updated September 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of corticosteroid should be limited for cases of acute radicular pain. The most recent progress note dated may first 2014, does not indicate that the injured employee has any radicular findings. As such, this request for a Medrol dose pack is not medically necessary.