

<b>Case Number:</b>	CM14-0129698		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 injured worker is a 72 year-old male who was injured on 2/7/05 when he fell 12-14 feet and landed on his own feet and right side of torso. He complained of lumbar pain. On exam, he had a tender lumbar spine with decreased range of motion. On x-ray, he had degenerative anterior superior and anterior inferior endplate osteophytes at L2, L3, and L5 and posterior superior endplate of L4, as well as a grade II wedge compression deformity seen at L4 with mild sclerosis of its superior and interior endplates with no associated significant disc space narrowing. He was diagnosed with lumbosacral spondylosis, thoracic or lumbosacral neuritis or radiculitis, plantar fascial fibromatosis, achilles bursitis or tendinitis, lumbar sprain, should joint dislocation. Physical therapy, chiropractic care, and medications helped his pain. The current request is for chiropractic care of the lumbar spine, physical therapy of the right ankle, and MRI of the lumbar spine which was denied by utilization review on 8/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care 2x6 For Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The request is considered not medically necessary. According to the chart, the patient had chiropractic care. Improvement in functional capacity was not documented. MTUS guidelines state that elective/maintenance care is not medically necessary for the low back. If a reoccurrence or flare-up occurs, there needs to be a re-evaluation of treatment success. If the patient has returned to work, then 1-2 visits, every 4-6 months. However, in this limited chart, there is no documentation that he returned to work. Given these reasons, the request is considered not medically necessary.

**Physical Therapy 2x6 for Right Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 78-79.

**Decision rationale:** The request for the physical therapy evaluation for the right ankle is not medically necessary. As per the summary, the patient was authorized for eight visits of physical therapy. There was no objective documentation of improvement in functional capacity from the previous physical therapy sessions. The request for additional 12 visits would exceed the 9-10 maximum amount of visits recommended for myalgias as per MTUS guidelines. At this point, the patient should be able to continue therapy with a home exercise program. Therefore, the request is considered not medically necessary.

**MRI for Lumbar Spine X1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Patient also had improvement in symptoms after physical therapy. Because of these reasons, the request for lumbar MRI is medically unnecessary.