

<b>Case Number:</b>	CM14-0218936		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male patient who sustained an industrial injury on 07/27/2011. On 12/05/2014 he underwent a magnetic resonance imaging study of the lumbar spine which revealed congenital spinal canal stenosis in the lumbar region with clumping of the distal nerve roots, aggravated by diffuse disc bulge at L3-4 and L4-5. There is mild narrowing of bilateral L2-3, L3-4, L4-5 and L5-S1 neural foramina. On 12/02/2014 he underwent a radiographic study of the right knee that showed no acute fracture. There are stable mild degenerative changes in the right knee. A primary treating office visit dated 11/28/2014 reported subjective complaint of knee, back and abdominal/groin pain. The patient has had an injection treating the knee and is currently taking oral medications, and attending physical therapy session. The following diagnoses were applied: right knee joint pain and history of surgery; low back injury. He is taking Norco 10/325mg, and Ambien. He is prescribed modified work duty and to follow up in six weeks.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar and Thoracic.

**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 & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for radiating back pain and right knee pain. He had right knee surgery in January 2012 and 12 postoperative physical therapy treatments. When seen, he had undergone a knee injection. He was having ongoing low back pain. There was pain with lumbar range of motion and lumbar tenderness. There was a nonantalgic gait with use of a cane due to knee pain. There was decreased knee range of motion with tenderness and decreased strength. Authorization for an MRI of the lumbar spine and for six sessions of physical therapy was requested. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there was no identified new injury. There were no identified 'red flags' that would support the need for obtaining an MRI scan which was not medically necessary.

**Physical Therapy 2x3 visits for the low back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 65.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for radiating back pain and right knee pain. He had right knee surgery in January 2012 and 12 postoperative physical therapy treatments. When seen, he had undergone a knee injection. He was having ongoing low back pain. There was pain with lumbar range of motion and lumbar tenderness. There was a nonantalgic gait with use of a cane due to knee pain. There was decreased knee range of motion with tenderness and decreased strength. Authorization for an MRI of the lumbar spine and for six sessions of physical therapy was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested was consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.