

<b>Case Number:</b>	CM15-0006550		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/21/2004
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California, Washington

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 62-year-old female with a reported injury on 08/21/2004. The injury reportedly occurred in a forklift accident. Her diagnoses were noted to include chronic axial lumbar more so than bilateral L5 leg radicular pain syndrome in the setting of a grade 1, possibly grade 2, L4-5 degenerative spondylolisthesis with associated L4-5 spondylotic stenosis; chronic cervical and upper extremity radicular pain in the setting of caudal cervical spondylosis and generally mild to moderate spondylotic stenosis at C5-6 and C6-7; and relative pain and disability syndrome, probably with a deconditioning component. Her other therapies have included work restrictions, chiropractic care, shoulder joint injections, medications, and psychiatric care. Her diagnostic testing has included a lumbar spine MRI on 02/05/2013 which reported a grade 1 L4-5 degenerative spondylolisthesis with significant circumferential spondylosis at that segment and no other deformity of note or areas of stenosis. The injured worker was evaluated on 11/19/2014 for a new injured worker consultation. The injured worker complained of lumbar and bilateral radicular leg pain. The leg pain was described in an L5 dermatomal pattern. The injured worker reported frequent associated numbness and tingling with constant worsening pain. She rated her pain as 4/10 and also described neck and upper extremity radicular complaints. She reported improvement with changing positions and aggravation with prolonged sitting, standing, walking, or bending. Physical examination revealed the injured worker to be mildly overweight with no spinal deformity. There was tenderness to a mild to moderate degree both in the paraspinal muscle of the cervical, mid, and lumbar spine. She was able to touch the floor and extend 85% with slight guarding. The

clinician's treatment plan was for land based physical therapy and aquatic therapy. The clinician also indicated that surgical intervention may be necessary. An updated lumbar spine MRI was also requested as the most recent study was approaching 2 years and she had a subsequent injury in 2013. She was also referred for lumbar lateral flexion/extension x-rays.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 2 x 4 to Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100.

**Decision rationale:** The request for physical therapy 2 x 4 to lumbar spine is not medically necessary. The injured worker continued to complain of back pain. The California MTUS Chronic Pain Guidelines recommend physical medicine in the amount of 8 to 10 weeks over the period of 4 to 8 weeks for the treatment of myalgia and radiculitis. An initial course of therapy would be half of the recommended number of visits, which in this case would be 4 to 5 visits followed by an evaluation to prove effectiveness. There was no documentation of functional deficit or a home exercise program and the requested number of visits exceeds the guideline recommendations for an initial course of therapy. As such, the requested service in its entirety is not supported. Therefore, the request for physical therapy 2 x 4 to lumbar spine is not medically necessary.

#### **Water Therapy 2 x 4 to the Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100.

**Decision rationale:** The request for water therapy 2 x 4 to the lumbar spine is not medically necessary. The injured worker continues to complain of back pain. The California MTUS Chronic Pain Guidelines recommend aquatic therapy where reduced weight bearing is desirable. The physical medicine treatment guidelines recommend physical therapy in the amount of 8 to 10 visits over a period of 4 to 8 weeks for the treatment of myalgia and radiculitis. An initial course of therapy would be half of the recommended number of visits followed by evaluation of efficacy. The provided documentation did not indicate a need for decreased weight bearing, the number of requested visits exceeds the guideline recommendations for an initial course of therapy, and there was no documentation of a home exercise program or functional deficit. As

such, the request in its entirety is not supported. Therefore, the request for water therapy 2 x 4 to the lumbar spine is not medically necessary.

**Updated MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

**Decision rationale:** The request for updated MRI of lumbar spine is non-certified. The injured worker continued to complain of back pain. The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. While the injured worker did complain of worsening pain, physical examination revealed adequate range of motion with tenderness. There was bilateral L5 hypoesthesia and weakness in the left extensor hallucis longus. This is consistent with the MRI scan dated 02/05/2013. As there were no clinical objective findings that were not corroborated by the MRI scan on 02/05/2013, a repeat MRI scan is not supported. Therefore, the request for updated MRI of lumbar spine is not medically necessary.