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| <b>Case Number:</b>   | CM15-0008867 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 10/15/2007 |
| <b>Decision Date:</b> | 08/13/2015   | <b>UR Denial Date:</b>       | 01/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old male patient who sustained an industrial injury on 10/15/2007. The diagnoses include displacement of thoracic/lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; thoracic lumbosacral neuritis/radiculitis unspecified; and lumbar sprain and strain. Per the doctor's note dated 11/20/2014, he had complains of lower back pain with radiation to the left lower extremity with tingling and numbness. The physical examination of the lumbar spine revealed tenderness to palpation, positive straight leg raise on the left, and decreased sensation in the left lower extremity in the left lower extremity in L5-S1 nerve distribution. Medications include Norco and Flexeril. He has had lumbar spine MRI on 10/1/2014, which revealed multi level degenerative disc disease, bilateral foraminal stenosis and central canal stenosis at L1-2, L2-3 and L4-5. Treatment to date has included a home exercise program work restrictions, medications, and heat. A request for authorization is made for the following: 1. Physical therapy 2 times a week for 4 weeks, and 2. Lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

**Decision rationale:** Q-Physical therapy 2 times a week for 4 weeks. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Specified numbers of physical therapy visits since date of injury is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2 times a week for 4 weeks is not established for this patient at this time. This request is not medically necessary.

**Lumbar spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15) MRI (magnetic resonance imaging).

**Decision rationale:** Q-Lumbar spine MRI per the ACOEM low, back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. In addition, per the records provided patient has already had lumbar MRI on 10/1/2014, which revealed multi level degenerative disc disease, bilateral foraminal stenosis and central canal stenosis at L1-2, L2-3 and L4-5. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of lumbar spine MRI is not medically necessary for this patient now.