

<b>Case Number:</b>	CM15-0012425		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 40 year old male, who sustained an industrial injury on March 10, 2009. The injured worker had reported back pain with radiation to the left lower extremity. The diagnoses have included lumbar intervertebral disc displacement without myelopathy, lumbar post laminectomy syndrome, lumbalgia, thoracic/lumbosacral neuritis/radiculitis, shoulder pain, muscle spasms and sprain of the knee and leg. Treatment to date has included medications, physical therapy, psychiatric evaluation, injections and failed lumbar fusion times two. Current documentation dated December 11, 2014 notes that the injured worker reported severe low back pain bilaterally with numbness down into the left leg and foot. Physical examination of the lumbar spine revealed pain, spasms and a decreased range of motion. Examination of the knees revealed a decreased range of motion. The documentation notes the injured workers last MRI was two years prior. The treating physician's plan of care included a request for a physiotherapy program and an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy program 2 x 3 lumbar:** 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 Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy.

**Decision rationale:** Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. Sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. Sprains and strains of sacroiliac region (ICD9 846): Medical treatment: 10 visits over 8 weeks. Lumbago; Backache, unspecified (ICD9 724.2; 724.5): 9 visits over 8 weeks. Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Post-surgical treatment (arthroplasty): 26 visits over 16 weeks. Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks. Intervertebral disc disorder with myelopathy (ICD9 722.7) Medical treatment: 10 visits over 8 weeks. Post-surgical treatment: 48 visits over 18 weeks. Spinal stenosis (ICD9 724.0): 10 visits over 8 weeks See 722.1 for post-surgical visits. Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4): 10-12 visits over 8 weeks See 722.1 for post-surgical visits. Curvature of spine (ICD9 737) 12 visits over 10 weeks See 722.1 for post-surgical visits. Fracture of vertebral column without spinal cord injury (ICD9 805): Medical treatment: 8 visits over 10 weeks. Post-surgical treatment: 34 visits over 16 weeks. Fracture of vertebral column with spinal cord injury (ICD9 806): Medical treatment: 8 visits over 10 weeks. Post-surgical treatment: 48 visits over 18 weeks. The documentation submitted for review indicates that the injured worker has previously completed a course of physical therapy. The injured worker should have been transitioned to self-directed home based therapy. The request is not medically necessary.

**Pain Management Spine Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician's denial based upon the lack of necessity for a pain management consult for medications. As this request is for a spine consultation it is medically necessary as the injured worker is a candidate for revision surgery given his instability.

**MRI Lumbar Spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review noted that the injured worker's previous MRI was 2 years ago, however, it was not available for review. Previous to this, MRI dated 5/8/09 revealed 7mm herniation at the L5-S1 level. I respectfully disagree with the UR physician, updated MRI of the lumbar spine is medically necessary to inform neuro-surgical consultation.