

<b>Case Number:</b>	CM15-0016831		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained a work related injury on 9/25/14. The diagnoses have included lumbar degenerative disc disease with radicular symptoms and lumbar strain. Treatments to date have included MRI lumbar spine, x-rays of lumbar spine, chiropractic treatments, and pain and anti-inflammatory medications. In the PR-2 dated 1/13/15, the injured worker complains of ongoing low back pain. He states the pain is dull and rates the pain a 7/10. He states he has occasional pain that radiates down right leg. He has tenderness to palpation of the right paraspinal region. He has positive radicular pain. On 1/20/15, Utilization Review modified a request for outpatient physical therapy 2 x 6 to outpatient physical therapy to 2 x 4. The California MTUS, ACOEM Guidelines, were cited. On 1/20/15, Utilization Review certified a request for MRI lumbar spine. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy 2 Times a Week Over 6 weeks:** Upheld

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

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

**Decision rationale:** The injured worker is being treated for chronic low back pain secondary to degenerative disc disease with radicular symptoms and lumbar strain. His neurologic exam remains normal. Pain is made worse with activities. For the diagnosis of radiculitis MTUS guidelines recommends 8-10 visits over 4 weeks of physical therapy. Request for physical therapy 2x6 exceeds MTUS guidelines and is therefore not medically necessary.

**MRI of the Lumbar Spine:** 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): 309.

**Decision rationale:** The injured worker is being treated for chronic low back pain secondary to degenerative disc disease caused by lumbar strain. His neurologic exam remains normal. Pain is made worse with activities. X-ray of the lumbar spine on 9/26/14, reported evidence of a L3 vertebral body abnormal density. Further investigation is indicated due to suspicion of metastatic process. Request is being made for lumbar MRI, by orthopedic surgeon, to further evaluate abnormal density in L3 vertebral body. According to MTUS guidelines CT or MRI is recommended when tumor is suspected. Request for lumbar MRI is therefore medically necessary.