

<b>Case Number:</b>	CM15-0168417		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 11-25-11. The injured worker was diagnosed as having chronic pain syndrome and lumbago. The physical exam (4-1-15 through 7-16-15) revealed lower back pain that radiated to the left foot. She rated her pain an 8 out of 10. The treating physician noted lumbar flexion was 70 degrees, extension was 10 degrees and lateral bending was 15 degrees bilaterally. There was also tenderness at the L4-L5 and L5-S1 spinous process. Treatment to date has included acupuncture, Gabapentin and Tramadol. As of the PR2 dated 8-13-15, the injured worker reports pain in his lower back, right lower extremity and right shoulder. She rates her pain a 7 out of 10. There was no physical exam regarding the lumbar spine. The treating physician requested a lumbar/sacral MRI and physical therapy 2 x weekly for 6 weeks for the lumbar spine. On 8-18-15 the treating physician requested a Utilization Review for a lumbar/sacral MRI and physical therapy 2 x weekly for 6 weeks for the lumbar spine. The Utilization Review dated 8-24-15, non-certified the request for a lumbar/sacral MRI and physical therapy 2 x weekly for 6 weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar/sacral spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging - Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.

**Physical therapy 2 x 6 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. In addition, the amount of therapy requested exceed the guidelines recommendations. Consequently, 12 therapy sessions are not medically necessary.