Case Number:	CM15-0168877		
Date Assigned:	09/09/2015	**Date of Injury:**	03/26/2014
Decision Date:	10/07/2015	**UR Denial Date:**	08/06/2015
Priority:	Standard	**Application Received:**	08/27/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52-year-old female, with a reported date of injury of 03-26-2014. The mechanism of injury was the result of lifting a wheelchair bound patient. The injured worker's symptoms at the time of the injury included severe low back pain. The diagnoses include L4-5 herniated nucleus pulposus with stenosis and ligamentum flavum hypertrophy with left lower extremity radiculitis and radiculopathy. Treatments and evaluation to date have included physical therapy for the low back, and oral medications. The progress report dated 07-24-2015 indicates that the injured worker complained of constant severe low back pain, rated 8 out of 10. The pain radiated to the bilateral lower extremities, down to the toes, left greater than the right, with associated numbness, tingling, and cramping. The physical examination showed a slow and guarded gait; no tenderness to palpation over the paraspinal muscles; limited lumbar range of motion; positive bilateral straight leg raise test; weakness in the bilateral lower extremities; and sensory deficit in the bilateral lower extremities. There was documentation that the injured worker's previous MRI studies, dated 06-2014 showed that her neurological condition was progressively worsening with motor weakness and sensory deficit in the lower extremities. The treating physician recommended the beginning of a physical therapy program for the lumbar spine, twice a week for four weeks and an MRI of the lumbar spine to rule out disc pathology and disc protrusion. The medical records included the physical therapy initial evaluation report dated 02-25-2015 and a patient visit log for 02-20-2015 and 03-23-2015. No other physical therapy reports were included. The injured worker was currently permanent and stationary. The request for authorization was not included in the medical records. The treating physician requested an MRI of the lumbar spine and physical therapy for the lumbar spine two times a week for four weeks. On 08-06-2015, Utilization Review non-certified the request for a lumbar

MRI due to limited evidence of significant change in the clinical status since the prior MRI; and physical therapy for the lumbar spine two times a week for four weeks due to limited evidence of objective and functional improvement of recent exacerbation or significant progression of symptoms to support the request and limited evidence of any trial and failure to improve with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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)". Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. In this case, there is no clear evidence of significant change in the patient's signs or symptoms since his last lumbar MRI, performed on June 2, 2014, suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Physical therapy 2 times per week for 4 weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring

flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" There is no documentation on the number, efficacy, and outcome of previous physical therapy sessions. There is no recent findings that support musculoskeletal dysfunction requiring additional physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 8 physical therapy sessions for the lumbar spine is not medically necessary.