

<b>Case Number:</b>	CM15-0192617		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Emergency 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 50 year old female, who sustained an industrial-work injury on 12-27-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbar radiculitis, and sciatica. Treatment to date has included pain medication, diagnostics, and lumbar fusion, spinal cord stimulator 2014 with increased pain, lumbar epidural steroid injection (ESI), physical therapy (unknown amount), home exercise program (HEP) and other modalities. The computerized axial tomography (CT scan) scan of the lumbar spine dated 2-17-15 reveals no acute osseous abnormality and post-surgical changes of the lumbar spine. Medical records dated 8-10-15 indicate that the injured worker complains of back and leg pain with weakness rated 7 out of 10 on the pain scale. Per the treating physician report dated 9-14-15 the injured worker has not returned to work. The physical exam dated 8-10-15 reveals decreased range of motion of the lumbar spine and weakness of the lower extremities. The request for authorization date was 9-17-15 and requested services included X-ray of lumbar-thoracic spine and Physical therapy (unspecified frequency and duration) of lumbar spine. The original Utilization review dated 9-29-15 non-certified the request for X-ray of lumbar-thoracic spine and Physical therapy (unspecified frequency and duration) of lumbar spine.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**X-ray of lumbar/thoracic spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic(Acute & Chronic), Radiography (x-rays).

**Decision rationale:** The requested X-ray of lumbar/thoracic spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 303 note "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;" and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays) note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has back and leg pain with weakness rated 7 out of 10 on the pain scale. Per the treating physician report dated 9-14-15 the injured worker has not returned to work. The physical exam dated 8-10-15 reveals decreased range of motion of the lumbar spine and weakness of the lower extremities. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, X-ray of lumbar/thoracic spine is not medically necessary.

**Physical therapy (unspecified frequency and duration) of 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:** The requested physical therapy (unspecified frequency and duration) of lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has back and leg pain with weakness rated 7 out of 10 on the pain scale. Per the treating physician report dated 9-14-15 the injured worker has not returned to work. The physical exam dated 8-10-15 reveals decreased range of motion of the lumbar spine and weakness of the lower extremities. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy (unspecified frequency and duration) of lumbar spine is not medically necessary.