

<b>Case Number:</b>	CM15-0198834		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/21/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 40 year old female, who sustained an industrial injury on 6-21-2014. The injured worker was being treated for lumbar spine strain, mobile spondylolisthesis at L4-5 (lumbar 4-5), bilateral knee degenerative joint disease, and left shoulder strain. On 9-9-2015, the injured worker reported pain of the low back, bilateral knees, and left shoulder. The physical exam (9-9-2015) reveals left tenderness with decreased range of motion, bilateral knee tenderness, and an antalgic gait. Per the treating physician (9-9-2015 report): X-rays of the lumbar spine revealed grade 1 mobile spondylolisthesis at L4-5 and mild spondylosis. X-rays of the left shoulder were within normal limits. X-rays of the bilateral knee revealed degenerative joint disease. The treating physician (9-9-2015 report) the injured worker "did not bring MRI." Treatment has included muscle relaxant medication. Per the treating physician (9-9-2015 report), the injured worker's work status was modified duties with restrictions that includes no repetitive bending or stooping, weight lifting restrictions of 10 pounds, no overhead lifting or reaching with the left upper extremity, no prolong standing or walking, and no kneeling or squatting. The requested treatments included 8 sessions of physical therapy, an interferential unit, and an MRI to the lumbar spine. On 9-17-2015, the original utilization review modified a request for 8 sessions of physical therapy and non-certified requests for an interferential unit and an MRI to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8 sessions:** Upheld

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

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

**Decision rationale:** Review indicates the request for PT was modified for 2 sessions. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 8 sessions is not medically necessary and appropriate.

**Interferential unit for purchase:** 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): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with

improved work status and exercises not demonstrated here. The Interferential unit for purchase is not medically necessary and appropriate.

**MRI to lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The patient continues with unchanged symptom complaints, non-progressive clinical findings without any acute change to supporting repeating the lumbar spine MRI. Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI to lumbar spine is not medically necessary and appropriate.