

<b>Case Number:</b>	CM15-0027807		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 35 year old male, who sustained an industrial injury on 08/19/2014. On provider visit dated 12/15/2014 the injured worker has reported low back pain, right knee pain and left hip pain. On examination she was noted to have increased pain with range of motion to lumbar spine area and tenderness to palpation in the paraspinals musculature, spinous processes and left piriformis/gluteal group. Hip exam was unremarkable and knee exam revealed visible erythema or effusion over the right anterior knee, positive for crepitus during range of motion bilaterally and pain on right during range of motion. The diagnoses have included musculoligamentous strain of the lumbosacral spine. Treatment to date has included medication and x-rays. Treatment plan included MRI of the lumbar spine, medications and physical therapy to low back. On 01/22/2015 Utilization Review non-certified MRI of the lumbar spine, and 18 Physical therapy treatments for the lumbar spine (2-3 times a week for 4-6 weeks). The CA MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter Lower back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs).

**Decision rationale:** The 35 year old patient presents with ongoing pain in lower back and right knee, as per progress report dated 01/21/15. The request is for MRI OF LUMBAR SPINE. The RFA for the case is dated 12/19/14, and the patient's date of injury is 08/19/14. The right knee pain ranges from 5-8/10, as per progress report dated 01/21/15. Medications include Naproxen and Omeprazole. Diagnoses included musculoligamentous strain of the lumbosacral spine and right knee meniscal tear of the patellar tendon. The patient also suffers from hip pain, as per progress report dated 12/15/14. The patient was scheduled to return to modified duty, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back 'Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the progress reports do not indicate prior MRI of the lumbar spine. The patient suffers from chronic pain and physical examination reveals tenderness to palpation and guarding. However, no neurologic signs or symptoms are evident. Additionally, X-ray of the lumbar spine, as per progress report dated 12/15/14, did not reveal any abnormal findings. ODG guidelines support lumbar MRIs only in presence of a neurologic deficit. Hence, the request IS NOT medically necessary.

**18 Physical therapy treatments for the lumbar spine (2-3 times a week for 4-6 weeks):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The 35 year old patient presents with ongoing pain in lower back and right knee, as per progress report dated 01/21/15. The request is for 18 PHYSICAL THERAPY TREATMENTS FOR THE LUMBAR SPINE (2-3 TIMES A WEEK FOR 4-6 WEEKS). The RFA for the case is dated 12/19/14, and the patient's date of injury is 08/19/14. The right knee pain ranges from 5-8/10, as per progress report dated 01/21/15. Medications include Naproxen and Omeprazole. Diagnoses included musculoligamentous strain of the lumbosacral spine and right knee meniscal tear of the patellar tendon. The patient also suffers from hip pain, as per progress report dated 12/15/14. The patient was scheduled to return to modified duty, as per the same progress report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and

myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has undergone 24 sessions of physical therapy without significant benefit, as per progress report dated 01/21/15. Additionally, MTUS recommends only 8-10 sessions in non-operative cases. The treater's request for 18 additional sessions, therefore, is excessive and IS NOT medically necessary.