

<b>Case Number:</b>	CM15-0212332		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 65 year old female, who sustained an industrial injury on 4-11-2011. The medical records indicate that the injured worker is undergoing treatment for cervical and lumbosacral radiculopathy; status post cervical surgery. According to the progress report dated 9-9-2015, the injured worker presented with complaints of intermittent flare-ups of radicular pain in the bilateral upper and lower extremities. The level of pain is not rated. The physical examination reveals guarding, spasm, and tenderness in the paravertebral musculature of the lumbar and cervical spines with painful and decreased range of motion on flexion, extension, and lateral rotation. There is dysesthesia noted in the C5-C6, C7, L5 and S1 dermatomal distributions. The current medications are Ibuprofen. Previous diagnostic studies include MRI of the cervical and lumbar spine (2012). Treatments to date include medication management, physical therapy, home exercises, cervical collar, and surgical intervention. Work status is not indicated. The original utilization review (10-1-2015) had non-certified a request for 18 physical therapy sessions to the lumbar spine and MRI of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested MRI cervical and lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "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". CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "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". The injured worker has complaints of intermittent flare-ups of radicular pain in the bilateral upper and lower extremities. The level of pain is not rated. The physical examination reveals guarding, spasm, and tenderness in the paravertebral musculature of the lumbar and cervical spines with painful and decreased range of motion on flexion, extension, and lateral rotation. There is dysesthesia noted in the C5-C6, C7, L5 and S1 dermatomal distributions. The current medications are Ibuprofen. Previous diagnostic studies include MRI of the cervical and lumbar spine (2012). The treating physician has not documented evidence of an acute clinical change since previous imaging studies. The criteria noted above not having been met, MRI cervical and lumbar spine is not medically necessary.

**Physical therapy 3 x a week for 6 weeks for lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Physical therapy 3 x a week for 6 weeks for lumbar, 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 complaints of intermittent flare-ups of radicular pain in the bilateral upper and lower extremities. The level of pain is not rated. The physical examination reveals guarding, spasm, and tenderness in the paravertebral musculature of the lumbar and cervical spines with painful and decreased range of motion on flexion, extension, and lateral rotation. There is dysesthesia noted in the C5-C6, C7, L5 and S1 dermatomal distributions. The current medications are Ibuprofen. Previous diagnostic studies include MRI of the cervical and lumbar spine (2012). 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, nor the medical necessity for a current therapy trial of 6 sessions and then re evaluation. The criteria noted above not having been met, Physical therapy 3 x a week for 6 weeks for lumbar is not medically necessary.