

<b>Case Number:</b>	CM15-0059939		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/21/2008
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 21, 2008. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for lumbar MRI, half doughnut seat, and six sessions of physical therapy. The claims administrator referenced progress note and RFA form of December 16, 2014, in its determination. Non-MTUS ODG Guidelines were referenced in the determination. The claims administrator contented that the applicant was off of work as of the date of the request. In a December 26, 2014 progress note, the applicant was in fact placed off of work, on total temporary disability, owing to heightened complaints of low back pain. The applicant was status post earlier failed lumbar fusion surgery at an unspecified point in time, as well as earlier hardware removal of September 13, 2014. Six sessions of physical therapy were endorsed. Burning complaints of low back pain radiating to the legs were noted. The applicant had difficulty performing activities of daily living as basic as sitting. Lumbar MRI imaging and a doughnut seat were proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Half doughnut seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 3/3/15), Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 301.

**Decision rationale:** No, request for a half doughnut seat was not medically necessary, medically appropriate, or indicated here. The request in question is essentially analogous to a lumbar support. However, the MTUS Guidelines in ACOEM Chapter 12, page 301 notes that lumbar supports are not recommended outside of the acute phase of symptom relief. Here, quite clearly, the applicant was well outside of the acute phase of symptom relief following an industrial injury of January 21, 2008 as of the date of the request, December 26, 2014. Introduction and/or ongoing usage of lumbar support was not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

**MRI 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 (ODG) Low Back (updated 3/3/15) MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study. The December 26, 2014 progress note did not state how the proposed lumbar MRI would influence or alter the treatment plan. There was neither an explicit statement (nor an implicit expectation) the applicant would act on the results of the proposed lumbar MRI and/or consider further surgery as of that point in time, given the applicant's seemingly poor response to earlier surgical treatment. Therefore, the request was not medically necessary.

**Registered physical therapy 2 to 3 times a week, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

**Decision rationale:** Similarly, the request for six sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS

Chronic Pain Medical Treatment Guidelines does recommend a general course 8 to 10 sessions for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. Activities of daily living as basic as sitting and standing remain problematic as of that date, the treating provider reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.