

<b>Case Number:</b>	CM14-0155376		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old female who reported an injury on 01/17/2002. The mechanism of injury was not stated. The current diagnosis is lateral recess stenosis at left L4-5. The injured worker is noted to be status post lumbar laminectomy in 08/2013. Previous conservative treatment also includes medications, activity modification, and physical therapy. The injured worker was evaluated on 08/04/2014 with complaints of mild pain in the cervical spine, right arm, lower back, and left lower extremity. Physical examination revealed diminished motor strength in the left lower extremity, positive Lasegue's testing on the left, positive straight leg raising on the left, and intact sensation. Treatment recommendations at that time included an MRI of the lumbar spine and physical therapy twice per week for 6 weeks. A Request for Authorization Form was then submitted on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The CA MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. Therefore, the medical necessity for an MRI of the lumbar spine has not been established. As such, the request MRI of Lumbar Spine is not medically necessary and appropriate.

**Additional Physical Therapy for Lumbar Spine, two times per week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The current request is for additional physical therapy for the lumbar spine. However, there is no documentation of a significant musculoskeletal or neurological deficit that would warrant the need for ongoing treatment. The injured worker is noted to be independent in a home exercise program. The medical necessity for ongoing treatment has not been established. As such, the request for additional Physical Therapy for Lumbar Spine, two times per week for six weeks is not medically necessary and appropriate.