

<b>Case Number:</b>	CM14-0091618		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on July 27, 2013. The mechanism of injury stated to be a trip and fall down the stairs. The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of neck pain, thoracic spine pain, lumbar spine pain, and bilateral hip pain. The physical examination demonstrated tenderness and spasms of the cervical spine, thoracic spine, and upper trapezius. There was full spinal range of motion and a positive right-sided straight leg raise test. A lower extremity neurological examination was within normal limits. Diagnostic imaging studies of the lumbar spine revealed mild neural foraminal narrowing at L4-L5 and L5-S1. Previous treatment includes physical therapy, oral medications, and epidural steroid injection, and a lumbar support. A request had been made for an MRI the lumbar spine, an x-ray of the lumbar spine, and 12 sessions of physical therapy and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the injured employee would be willing to consider operative intervention. Based on the clinical documentation provided, there are no signs of a neuropathy on physical examination. As such, this request for an MRI of the lumbar spine is not medically necessary.

**X-ray Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, an x-ray is recommended for acute low back pain with red flags for fracture or serious systemic illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. As the injured employee has subacute back pain which is not improving, this request for an x-ray of the lumbar spine is medically necessary.

**12 Sessions of Physical Therapy on the Lumbar (2x for 6 weeks):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has at least 12 prior sessions of physical therapy without any documentation of subsequent functional improvement. As such, this request for an additional 12 sessions of physical therapy for the lumbar spine is not medically necessary.