

<b>Case Number:</b>	CM14-0096591		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 32-year-old individual was reportedly injured on February 11, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 30, 2014, indicated that there were ongoing complaints of increased right leg pain. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. There was severe bilateral paraspinal muscle spasm noted in the thoracic spine. A shortened stride gait pattern was reported. There was tenderness to palpation in the lower lumbar spine. Diagnostic imaging studies objectified normal findings on lumbar MRI. Electrodiagnostic assessment revealed a chronic left S1 radiculopathy. Previous treatment included facet blocks, epidural steroid injections, physical therapy, acupuncture, multiple medications and other interventions. A request had been made of MRI of the lumbar spine and for additional physical therapy and was not certified in the pre-authorization process on June 10, 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): 303.

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

**Decision rationale:** The records reflect that an MRI was done in 2013. No particular findings were identified as per the progress note presented for review. There were ongoing complaints of lower extremity pain; however, there was no progressive neurological loss or increased symptomatology that would warrant such an intervention. Therefore, based on the clinical information presented for review, there is no clinical indication or medical necessity presented for this request.

**Additional physical therapy, 6 sessions of unspecified frequency and duration, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

**Decision rationale:** When noting the date of injury, the injury sustained, the findings on MRI, and the current physical examination, there is no clear clinical indication presented to support additional physical therapy. Numerous modalities have been completed addressing the pain complaints. Therefore, as noted in the MTUS, transition to home exercise protocol is although to be supported this time. The medical necessity has not been established.