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| <b>Case Number:</b>   | CM14-0215936 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 03/18/2004 |
| <b>Decision Date:</b> | 02/25/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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. 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: Physical Medicine & Rehabn

### 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 patient is a 57 year old male with an injury date of 03/18/04. Based on the 12/01/14 progress report, the patient complains of back and leg pain, left greater than right. He has paraspinal spasm, 50% reduced range of motion, reduced sensory in the foot, and a trigger point at L5. The patient's diagnoses include the following: 1. s/p LS fusion. 2. HTN. 3. Depression. 4. Gained 60 lbs, need to lose weight. The utilization review determination being challenged is dated 12/09/14. There is one treatment report provided from 12/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The patient presents with back and leg pain. The request is for 12 SESSIONS OF PHYSICAL THERAPY. Review of the 12/01/14 report does not indicate of any previous therapy the patient may have had. MTUS page 98 and 99 has the following: 'Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not indicate if the patient has had any recent physical therapy sessions or any recent surgery. The treating physician is requesting for a total of 12 sessions of therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.

**X-ray L-spine (full) including bending views:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 269.

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

**Decision rationale:** The patient presents with back and leg pain. The request is for a X-RAY OF LUMBAR SPINE. The utilization review denial rationale is that 'there is no currently available documentation of such red flag conditions. Review of the 12/01/14 report does not indicate if the patient has had a prior x-ray of the lumbar spine and the report with the request is not provided. For special diagnostics, ACOEM Guidelines page 303 states 'unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who will consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the 12/01/14 report does not discuss the request. The patient has paraspinal spasm, 50% reduced range of motion, reduced sensory in the foot, and a trigger point at L5. The 11/11/10 MRI of the lumbar spine revealed mild disc bulges at L3-4, L4-5, and L5-S1 with mild neural foraminal narrowing at all of those levels and mild left neural foraminal narrowing at L3-4. Given that the patient has not previously had an x-ray of the lumbar spine and continues to have chronic low back pain, the requested x-ray of the lumbar spine IS medically necessary.