

<b>Case Number:</b>	CM15-0111996		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male, who sustained an industrial injury on 8/12/13. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar degenerative joint disease and status post lumbar discectomy on 12/9/14. Treatment to date has included a lumbar MRI on 9/23/13, an EMG study showing right sided L4-L5 radiculopathy and a back brace. Current medications include Nabumetone, Tramadol, Cyclobenzaprine and Doc-q-lace. As of the PR2 dated 4/29/15, the injured worker reports pain in the lower back that radiates to the right leg. He rates his pain 3/10 with medications and a 7/10 without medications. Objective findings include loss of normal lordosis, restricted range of motion due to pain and a positive straight leg raise test on the right side in sitting at 65 degrees. The treating physician noted that the injured worker has a history of elevated liver enzymes. The treating physician requested a lumbar MRI with and without contrast, blood work prior to the MRI and physical therapy x 12 sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine with and without dye:** Overturned

**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 Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** Review indicates the patient is status post lumbar discectomy on 12/9/14 with neurological changes. Utilization report of 5/12/15 (Please see report with authorization) had CERTIFICATION for the request for the MRI; thereby, current review is not indicated. The MRI of lumbar spine with and without dye is medically necessary and appropriate.

**Bloodwork prior to MRI:** 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 Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

**Decision rationale:** The patient has certified MRI of the lumbar spine without contrast dye. There is no indication for pre-diagnostic imaging lab work. It is unclear how elevated liver enzymes would affect an MRI study without contrast as the more indicative renal status, not identified as an issue here. MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2013 from lifting a heavy object. It is not clear if the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Blood work prior to MRI is not medically necessary and appropriate.

**Physical therapy for lumbar spine Qty: 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered

including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for lumbar spine Qty: 12 is not medically necessary and appropriate.