

<b>Case Number:</b>	CM15-0120803		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 9/23/2013. Diagnoses include lumbar spine degenerative disc disease/spondylosis/spondylolisthesis and lumbar spine sprain/strain. Treatment to date has included diagnostics, medication including NSAIDs, massage therapy, and physical therapy. Per the Doctor's First Report of Occupational Injury or Illness dated 5/08/2015, the injured worker reported constant burning low back pain with radiation up the back to both shoulder blades and into the neck. There was numbness and tingling of the low back and down the back of the right leg into the calf on occasion. Physical examination of the lumbar spine revealed tenderness to palpation over the midline and the lumbosacral (L5-S1) area to the midline, greater on the right. Range of motion was limited and painful. There was no muscle spasm. The plan of care included diagnostic imaging, medication management and physical therapy. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine and 12 physical therapy sessions to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbar spine:** Upheld

**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 Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured workers working diagnoses are lumbar spine degenerative disc disease/spondylosis/spondylolisthesis; and lumbar spine sprain strain. The date of injury is September 23, 2013. According to a progress note dated July 24, 2014 indicates the injured worker received two physical therapy sessions. According to an October 9, 2013 entry, the injured worker received "a course of physical therapy." There are no specifics in terms of number of physical therapy sessions and objective functional improvement. According to a May 8, 2015 progress note, the injured worker has ongoing low back pain radiates up the back into the neck with numbness and tingling. Objectively, there is tenderness to palpation. There is no neurologic evaluation in the medical record. Radiographically, lumbar plain x-rays were performed that showed degenerative changes in joint space narrowing. EMGs were performed and were normal. There was no MRI in the medical record. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation sufficient to warrant MRI imaging. Additionally, it is unclear whether the injured worker received conservative treatment (physical therapy - number of visits and objective functional improvement) according to the October 9, 2013 entry. Consequently, absent clinical documentation with unequivocal objective findings identifying specific nerve compromise on the neurologic evaluation, documentation of conservative treatment and red flags, MRI of the lumbar spine is not medically necessary.

**12 physical therapy sessions to the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine degenerative disc disease/spondylosis/spondylolisthesis; and lumbar spine sprain strain. The date of injury is September 23, 2013. According to a progress note dated July 24, 2014 indicates the injured worker received two physical therapy sessions. According to an October 9, 2013 entry, the injured worker received "a course of physical therapy." There are no specifics in terms of number of physical therapy sessions and objective functional improvement. According to a May 8, 2015 progress note, the injured worker has ongoing low back pain radiates up the back into the neck with numbness and tingling. Objectively, there is tenderness to palpation. There is no neurologic evaluation in the medical record. It is unclear whether the injured worker received conservative treatment (physical therapy - number of visits and objective functional improvement) according to the October 9, 2013 entry. The guidelines recommend a six visit clinical trial. With evidence of objective functional improvement, additional physical therapy may be clinically indicated. There is no documentation indicating objective functional improvement. Documentation indicates the injured worker received "a course of physical therapy." It is unclear what a course of physical therapy represents. There were no physical therapy progress notes referencing the course of physical therapy. There was no documentation of objective functional improvement and the total number of physical therapy sessions are unclear. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation referencing "a course of physical therapy", the total number of physical therapy sessions to date and documentation demonstrating objective functional improvement, 12 physical therapy sessions to the lumbar spine is not medically necessary.