

<b>Case Number:</b>	CM15-0171448		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 11-19-12. The injured worker was diagnosed as having lumbar spondylosis with left lower extremity radiating pain, C5-C6 spondylosis, chronic pain and reactive depression. Medical records (5-26-15 through 7-17-15) indicated 6 out of 10 pain in his neck and lower back. The physical exam (5-26-15 through 7-17-15) revealed limited lumbar flexion (40 degrees) and extension (10 degrees) and a positive straight leg raise test in the sitting position. There is also "decreased cervical lordosis" and tenderness to palpation at C2-C6. Treatment to date has included chiropractic treatments for his neck and back for 2-3 months (no date indicated) and a functional restoration program in 2014. Current medications include Naproxen and Cyclobenzaprine. As of the PR2 dated 7-24-15, the injured worker reported worsening left lower extremity pain. He rates his pain 8.5 out of 10 that is not helped by current medications. Objective findings include a positive straight leg raise test on the left, 5 out of 5 strength in the lower extremities and decreased sensation in the left lower extremity. The treating physician requested a lumbar MRI and physical therapy for the cervical and lumbar spine x 6 sessions. On 7-24-15, the treating physician requested a Utilization Review for a lumbar MRI and physical therapy for the cervical and lumbar spine x 6 sessions. The Utilization Review dated 7-31-15, non-certified the request for a lumbar MRI and physical therapy for the cervical and lumbar spine x 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. However, the claimant did have increasing pain after failing functional restoration program, medication and a home exercise. As a result, the MRI is appropriate to determine the level of disease before determining necessity for any invasive procedures. Therefore, the request is medically necessary.

**Physical therapy for the cervical and lumbar spine, six sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, Work Activities, and Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** In this case, the claimant was able to perform exercises. The claimant had completed a functional restoration program and unknown amount of sessions. The guidelines indicate physical therapy may be appropriate for initial education with subsequent taper to perform exercises at home. The request for 6 session of therapy is not medically necessary.