

<b>Case Number:</b>	CM15-0174260		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck, back, and shoulder pain reportedly associated with an industrial injury of June 14, 2014. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve to request for six sessions of physical therapy, cervical MRI imaging, and lumbar MRI imaging. The claims administrator referenced an August 3, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said August 3, 2015 progress note, the applicant reported multifocal complaints of mid back, low back, and hip pain radiating to the right knee and feet. The applicant also reported complaints of headaches, neck pain, shoulder pain, and knee pain. Diffuse paresthesias about the legs were reported. The applicant's past medical history is notable for hypothyroidism. The applicant exhibited well preserved, 5/5 upper and lower extremity motor function. The applicant was given a rather proscriptive 5-pound lifting limitation. MRI imaging of the cervical spine and MRI imaging of the lumbar spine were endorsed. It was not clearly stated how the said studies would influence or alter the treatment plan. It was not clearly stated whether the applicant was or was not working with said 5-pound lifting limitation in place, although this did not appear to be the case. Towards the bottom of the note, the attending provider stated that the applicant had a "significant functional deficit" suggesting that the applicant was not, in fact, working. On an earlier date note dated July 16, 2015, the applicant was given a more permissive 10 pound lifting limitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 6: 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), Physical Therapy Guidelines, Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

**Decision rationale:** No, the request for six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was described as trending unfavorably as of the August 3, 2015 office visit in question. The applicant was given a seemingly proscriptive 5-pound lifting limitation on that date. It was not clear whether the applicant was or was not working with said limitation in place. The applicant was described as having a "significant functional deficit" on that date. The applicant had earlier been given a more permissive 10-pound lifting limitation on July 15, 2015. All of the foregoing taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

**MRI cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. The fact that MRI studies of the cervical and lumbar spines were concurrently ordered significantly reduced the likelihood of the applicant's acting on results of the either study and/or go on to consider surgical intervention based on the outcome of the same. The applicant's well

preserved, 5/5 upper extremity motor function, moreover argues against the presence of any focal nerve root compromise referable to cervical spine, as is the multifocal nature and multiplicity of the applicant's pain complaints, which includes the neck, shoulders, mid back, low back, hips, knees, etc. Therefore, the request was not medically necessary.

**MRI lumbar spine:** Upheld

**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:** Finally, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, as with the preceding request, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study as of the date in question, August 3, 2015. The applicant's normal gait and well preserved, 5/5 lower extremity motor function reported on August 3, 2015, argues against the presence of any red flag condition involving the lumbar spine as of that date. Therefore, the request was not medically necessary.