

<b>Case Number:</b>	CM15-0064881		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/16/2000
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 64 year old male who sustained a work related injury December 16, 2000. Past history included diabetes, hypertension, lumbar spine surgery, and chronic pain management. According to a primary treating physician's progress report, dated March 5, 2015, the injured worker presented with low back pain radiating into legs. Examination of the lumbar spine revealed pain with palpation and flexion, and limited range of motion due to pain. The left hip is tender with pain on rotation and flexion, and straight leg raise positive at 30 degrees. Diagnoses included cervicalgia; lumbago; and failed back syndrome. Treatment plan included medication and referral to spine surgeon. Requested treatments included MRI of the lumbar spine and physical therapy two times a week for 4 weeks for the cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy at 2 times a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**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, physical therapy two times per week for four weeks of 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 workers working diagnoses are cervicalgia; and failed back syndrome. The injured worker's date of injury is December 16, 2000. The injured worker received a significant number of physical therapy sessions to date exceeding that recommended by the guidelines. Physical therapy plays little to no role in treating patients with chronic pain. There are no compelling clinical facts in the medical record presented by [REDACTED] indicating additional physical therapy is clinically indicated according to the March 20, 2015 progress note. The Chronic Pain Medical Treatment Guidelines do not recommend additional physical therapy if no further benefit is likely to be obtained. Consequently, absent compelling clinical documentation with compelling clinical facts indicating additional physical therapy is warranted in the presence of chronic pain, physical therapy two times per week for four weeks of the lumbar spine is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**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 worker's working diagnoses are failed back syndrome post lumbar laminectomy; low back pain; and lumbar degenerative disc disease, probable segmental instability. The injured worker's date of injury is December 16th 2000. A progress note dated March 20, 2015 shows the injured worker had back surgery in 2006. Symptoms returned on September 2014. The injured worker underwent MRI evaluation of the lumbar spine prior to surgery of the lower back. Subjectively, according to the March 20, 2015 progress note, the injured worker is sore in the

morning. The VAS pain scale is 4/10. Symptoms are a bit settled (on the date of the examination). Objectively, there is no spasm noted. The injured worker has a slow gait. The neurologic evaluation was unremarkable with normal sensory and motor evaluation. There was negative straight leg raising. There was no instability noted on physical examination. There were no red flags noted during the history or physical examination. There were no new objective findings documented in the medical record. There were no unequivocal objective findings identifying specific nerve compromise on the neurologic examination. Consequently, absent clinical documentation demonstrating specific nerve compromise on neurologic evaluation, red flags, or deterioration from baseline, MRI evaluation of the lumbar spine is not medically necessary.

**Physical Therapy at 2 times a week for 4 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**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) Neck Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the cervical 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 cervicalgia; and failed back syndrome. The injured worker's date of injury is December 16, 2000. The injured worker received a significant number of physical therapy sessions to date exceeding that recommended by the guidelines. Physical therapy plays little to no role in treating patients with chronic pain. There are no compelling clinical facts in the medical record presented by [REDACTED] indicating additional physical therapy is clinically indicated according to the March 20, 2015 progress note. The Chronic Pain Medical Treatment Guidelines do not recommend additional physical therapy if no further benefit is likely to be obtained. There is no documentation in the medical record of subjective complaints referable to the neck and objective clinical findings of the cervical spine documented in the March 20, 2015 progress note. Consequently, absent compelling clinical documentation with a clinical rationale/indication for physical therapy to the cervical spine, physical therapy two times per week for four weeks of the cervical spine is not medically necessary.