

<b>Case Number:</b>	CM15-0079626		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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: Florida

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 52 year old female, who sustained an industrial injury on 6/11/13. She reported falling down steps and noting pain in her back, buttocks and feet, along with dizziness, weakness and nausea. Diagnoses have included thoracic disc degeneration, thoracic facet arthropathy, thoracic radiculopathy, T12 compression fracture, lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and acupuncture. According to the progress report dated 3/10/2015, the injured worker complained of constant low back pain that radiated to the bilateral feet and toes. The pain was accompanied by numbness intermittently in the bilateral lower extremities. The pain was rated as 7/10 with medications and 9/10 without medications. She also complained of jaw pain, constipation and gastrointestinal upset. The injured worker had an antalgic gait. Exam of the thoracic area revealed tenderness in the bilateral paravertebral region. Lumbar exam revealed tenderness and limited range of motion. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines. 301-315 Page(s): 301-315.

**Decision rationale:** Regarding this request for a repeat MRI, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination as sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. This request is reasonable, as there is indication that symptoms have significantly changed since this patient's 2013 MRI was performed. There is documentation of increased weakness in a particular dermatomal distribution- diminished extensor muscle strength in L4/L5 distribution. Likewise, this request for a repeat MRI is considered medically necessary.

**Physical therapy 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

**Decision rationale:** In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 12 sessions. The results of the prior physical therapy treatments are not discussed. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.