

<b>Case Number:</b>	CM16-0240900		
<b>Date Assigned:</b>	12/20/2016	<b>Date of Injury:</b>	10/28/2016
<b>Decision Date:</b>	01/18/2017	<b>UR Denial Date:</b>	11/16/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2016

### 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: New Jersey, New York

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 51 year old female, who sustained an industrial injury on October 28, 2016. The injured worker was diagnosed as having lumbar strain and bulging of the lumbar intervertebral disc. Treatment and diagnostic studies to date has included medication regimen, x-ray of the lumbar spine, and computed tomography of the lumbar spine. In a progress note dated November 04, 2016 the treating physician reports complaints of pain to the back that radiates to the left leg with tingling. Examination performed on November 04, 2016 was revealing for gait disturbance favoring the left, decreased range of motion to the lumbar spine, positive straight leg raises on the left, and decreased sensation to the lateral foot. The injured worker's pain level on November 04, 2016 was rated an 8 out of 10. The progress note on November 04, 2016 included x-ray of the lumbar spine performed on October 29, 2016 that was revealing for "mild degenerative change as described. No fracture." The treating physician also included a computed tomography scan of the lumbar spine that was revealing for unilateral right-sided pars defect at the lumbar 5 level and multi-level disc bulging. On November 04, 2016 the treating physician requested magnetic resonance imaging of the lumbar spine with contrast and physical therapy at 2 times a week for 3 weeks for lumbar, but did not indicate the specific reason for the requested study and therapy. On November 16, 2016 the Utilization Review determined the requests for magnetic resonance imaging of the lumbar spine with contrast and physical therapy at 2 times a week for 3 weeks for lumbar to be non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **MRI for lumbar spine with contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Procedures.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ACOEM: Low back disorders, diagnostic and treatment recommendations, low back pain/radicular pain, diagnostic recommendations, MRI.

**Decision rationale:** The request for lumbar MRI is not medically necessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have significant nerve deficits on exam. He had normal strength and equal deep tendon reflexes on exam. She has decreased sensation of the lateral foot, but no significant findings of CT lumbar. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Because of these reasons, the request for lumbar MRI is not medically necessary.

### **Physical therapy two times a week for three weeks for lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**Decision rationale:** The request for 6 sessions of physical therapy is not medically necessary. The patient has had previous physical therapy sessions without any documentation of subjective or objective improvement. It is unclear how many sessions she has had. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks. Without documented improvement and explanation of rationale for more physical therapy, there is no need for additional sessions. She should have also been taught a home exercise program to continue. Therefore, the request is considered not medically necessary.