

<b>Case Number:</b>	CM13-0031540		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/13/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 33-year-old female who reported an injury on 05/13/2012. The mechanism of injury was pushing and pulling. The patient's initial course of therapy included 6 sessions of physical therapy with no benefit; the patient reported that therapy caused her more pain. She also had an unknown duration of chiropractic treatment with unknown benefit. An MRI performed on 07/08/2013 of the lumbar spine, revealed a transitional lumbosacral segment at L5 with no other abnormalities noted. A repeat MRI of the lumbar spine performed on 07/10/2013 revealed L5-S1 dehiscence of the nucleus pulposus with a 2 mm posterior disc bulge indenting the anterior portion of the lumbosacral sac. An EMG performed on 07/10/2013 revealed a left S1 radiculopathy; the patient is reported to have decreased sensation to light touch in the L2, L3, L4, L5, and S1 dermatomes. She is also noted to have motor deficits to the same dermatomes on the left. In 08/2013, the patient was referred for lumbar facet joint blocks at L4-5 and L5-S1 bilaterally. The patient also appears to have been referred for lumbar epidural steroid injections; however, it is unclear if either of these procedures were ever performed. In the most recent note dated 11/13/2013, the patient was known to have received more recent treatments of physical therapy, chiropractic therapy, and acupuncture; however, she noted that none of them were providing long-term benefits. The patient's current medications were not submitted for review. The most recent range of motion values were obtained on 11/18/2013 and revealed lumbar extension of 15 degrees, flexion of 30 degrees, left lateral bending of 25 degrees, and right lateral bending of 20 degrees. There was also noted tenderness to palpation over the lumbar paravertebral muscles with spasm, as well as an unspecified positive straight leg raise on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2-3 x 6 for lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend manual therapy and manipulation for chronic pain that is caused by musculoskeletal conditions. Guidelines recommend up to 18 visits to treat the lower back, with a trial of 6 visits to determine treatment efficacy. There are numerous reports submitted in the medical records that state the patient did not receive benefit from chiropractic therapy. In fact, the most recent chiropractic notes state that the patient decreased her lumbar range of motion as extension went from 20 degrees to 15 degrees. As the patient has failed to make progress with prior chiropractic therapy, there is no indication for the need of additional chiropractic treatment. As such, the request for Chiropractic treatment 2-3 x 6 for lumbar is non-certified.

**Physical therapy 1-2 x 4 for lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia and neuralgia, Guidelines recommend up to 10 visits of physical therapy after an initial 6 visits have been tried to determine efficacy. There are numerous reports amongst the medical records submitted for review, that state the patient did not receive any benefit from physical therapy. Although she continues to have lumbar range of motion deficits, therapy has not proven to be effective for her. As no physical therapy notes were included for review, a thorough assessment of the claim that it has not been beneficial cannot be performed. As such, the request for physical therapy 1-2 x 4 for lumbar is non-certified.

**Lumbar/Sacral spinal decompression therapy x 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not recommend manual decompression for treating low back injuries due to lack of sufficient supporting evidence. Furthermore, manipulation lasting greater than 4 weeks is not recommended by Guidelines; the patient has been receiving chiropractic without reported benefit since the early phase of her injury. As such, the request for Lumbar/Sacra spinal decompression therapy x 12 sessions is non-certified.

**Referral to orthopedics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Although the current request is for a referral to orthopedics, the most recent clinical note provided for review dated 11/18/2013, stated that the patient was to be referred for custom functional orthotics. Unfortunately, the note did not specify what kind of orthotics were to be evaluated for; it was simply stated that they were to treat the work-related injury for lumbar spine, and to correct altered biomechanics. The California MTUS/ACOEM Guidelines do not recommend lumbar support past the acute phase of injury. There was no other documentation provided in the clinical notes indicating for the need of custom fit orthotics. Furthermore, the patient is already under the care of an orthopedic doctor, thereby negating the need for a referral to orthopedics. Until this request can be clarified, the decision for Referral to orthopedics, or for orthotics, is non-certified.

**Referral for pain management:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend access to programs with proven successful outcomes for patients at risk of delayed recovery. Multidisciplinary programs can include pain centers, pain clinics, and modality-oriented clinics. Furthermore, ACOEM states that referral may be appropriate if the practitioner is uncomfortable with the treating of a particular cause of delayed recovery. As the patient is over 18 months post injury and has had no benefit from conservative measures such as physical, chiropractic, and acupuncture therapy, it is appropriate for her to be referred to a pain management physician at this time. As such, the request for Referral for pain management is certified.