

<b>Case Number:</b>	CM13-0059664		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/18/2003
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 59-year-old female who reported an injury on 09/18/2003. The mechanism of injury was not stated. Current diagnoses include lumbosacral sprain/strain, carpal tunnel syndrome, and a nonalopathic lesion of the lumbar spine. The latest Physician Progress Report submitted for this review is documented on 10/24/2013. The injured worker reported 5/10 neck pain with 7/10 mid back pain. The injured worker also reported lower back pain with radiation to bilateral lower extremities. Physical examination on that date revealed limited cervical and lumbar range of motion, 3+ tenderness with spasm in the cervical, thoracic, and lumbar spine, positive shoulder depression testing, positive cervical compression testing, positive Kemp's testing, and positive Braggard's testing. The injured worker also demonstrated decreased sensation in the L3-S1 dermatomes. Treatment recommendations at that time included spinal manipulation with myofascial release, EMS and infrared treatment twice per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINAL MANIPULATION, MYOFASCIAL RELEASE, ELECTRICAL MUSCLE STIMULATION, AND INFRARED; TWO TIMES A WEEK FOR SIX WEEKS, PER 10/24/13 PR-2 AND 10/31/13 [REDACTED] RFA: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of manipulation and myofascial release exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

**ORTHOPEDIC CONSULTATION, PER 10/31/13 [REDACTED] RFA ONLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a specialty referral. There were no imaging studies or plain films provided for review. There is no indication that this injured worker is a surgical candidate. The medical necessity for the requested consultation has not been established. Therefore, the request is not medically necessary.

**PAIN MANAGEMENT CONSULTATION, PER 10/31/13 [REDACTED] RFA ONLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a specialty referral. There were no imaging studies or plain films provided for review. The medical necessity for the requested consultation has not been established. Therefore, the request is not medically necessary.