

<b>Case Number:</b>	CM13-0072538		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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, has a subspecialty in Interventional Spine, 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 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 patient is a 60-year-old male with a date of injury of 04/23/2013. The listed diagnosis per [REDACTED] is low back sprain/strain. According to progress report 11/01/2013, the patient presents with low back pain. Objective finding notes "LB MRI, no major findings." This is the extent of the progress report. The treater requested physical therapy treatments 2 times a week for 6 weeks, continuation of acupuncture 1 time a week for 6 weeks, a pain management consultation, and TPII and LINT exam to lumbar spine. Progress report 09/09/2013 by [REDACTED] indicates that the patient has low back pain with localized tenderness primarily in the L4, L5 with some moderate recurrent tenderness at L3 to S1. There is minimal paraspinal muscle spasm and negative straight leg raise. Progress report 06/03/2013 by [REDACTED] indicates the patient continues with constant low back pain with bilateral tenderness in the lumbar spine and restricted range of motion. Under treatment plan, it states continue with PT. Utilization review denied the request on 12/05/2013. Treatment reports 06/03/2013, 09/09/2013, and 11/01/2013 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat physical therapy to the lumbar spine, twice per week for six weeks: Upheld**

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

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

**Decision rationale:** This patient presents with continued low back pain. The request is for repeat physical therapy to the lumbar spine 2 times per week for the next 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy treatment history. Progress report by [REDACTED] from 06/03/2013 recommends the patient to "continue with PT." Progress report 11/01/2013 requests physical therapy treatments 2 times a week for 6 weeks. In this case, the treater's request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient is unable to transition into a self-directed home exercise regimen. The request is not medically necessary.

**Acupuncture for the lumbar spine, once per week for six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient presents with continued low back pain. The treater is requesting acupuncture for the lower back once a week for 6 weeks. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. The medical file provided for review does not include acupuncture treatment history. Progress report 11/01/2013 under treatment plan states "cont. acupuncture 1x6 weeks." It appears the patient has had acupuncture in the past and the treater is requesting continuation of treatment. For additional treatment, MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. Given the treated has not documented functional improvement, additional sessions cannot be supported. The request is not medically necessary.

**Pain management consultation:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Consultations.

**Decision rationale:** This patient presents with continued low back pain. The treated is requesting pain management consultation. Utilization review denied the request stating that the most recent medical report contains "sparse actual information about residual functional deficit and the patient's response from prior attempts to conservative care." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, review of the medical records indicates that the patient has low back pain. MRI findings revealed "no major findings." Examinations revealed some tenderness, but there was negative straight raise and no concerns for neurological deficits. There is no discussion regarding the medical necessity of a pain management specialist. However, given the patient's continued pain, consultation with pain management is appropriate. The request is medically necessary.

**TPII and LINT exam to the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** This patient presents with continued low back pain. The treated is requesting a TPII and LINT exam to the lumbar spine. The MTUS, ACOEM or ODG guidelines do not discuss impedance imaging. MTUS does discuss trigger point injections for myofascial pain. For identification of trigger point injections, examination findings must include taut band and referred pain upon palpation. MTUS does not discuss any imaging needs. Impedance imaging to identify trigger points appears investigational and experimental. Search of the internet yields only minimal discussion of this study. Given the lack of support from the guidelines, and specific recommendations in MTUS on how to treat trigger points, the requested Impedance Imaging does not appear medically indicated. The MTUS, ACOEM, and ODG Guidelines do not have discussions on LINT (localized intense neurostim therapy); however, for neuromuscular electrical stimulation, the MTUS Guidelines page 121 has the following, "not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use for chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." In this case, there is no indication that this patient has suffered a stroke. Furthermore, MTUS does not support the use of neuromuscular electrical stimulation for chronic pain. The requested TPII and LINT exam to the lumbar spine is not medically necessary.