

<b>Case Number:</b>	CM14-0105105		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Internal Medicine 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 injured worker is a 50-year-old male who reported an injury on 08/13/2012. The mechanism of injury was not provided. On 05/30/2014 the injured worker presented with low back, tailbone, and stomach discomfort. Upon examination of the lumbar spine, there was moderate palpable tenderness; there was a positive straight leg raise, and a positive Valsalva maneuver. There was severe moderate palpable tenderness over the coccyx. The range of motion values were extension of 15/25, right lateral flexion at 15/25, left lateral flexion at 15/25, right rotation at 15/25, and left rotation at 15/25. There was severe palpable tenderness over the groin and testicles. The diagnoses were lumbar spine multiple disc bulges, coccyx sprain/strain, groin strain, abdominal strain rule out hernia, rule out inguinal testicular hernia, and rule out testicular hydrocele. Prior therapy included acupuncture, chiropractic care, physical therapy, and medications. The provider recommended an internist consult, chiropractic care, physiotherapy, and exercises. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro, physiotherapy and exercises x8:** Upheld

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

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

**Decision rationale:** The request for Chiro, physiotherapy and exercises x8 is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of modern medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement and a total of up to 18 visits over 6 to 8 weeks. There was a lack of documentation indicating the injured worker has had significant objective functional improvement with the prior therapy. The amount of chiropractic therapy visits the injured worker underwent was not provided. Additionally, the provider's request does not indicate the site at which the therapy was intended for or the frequency in the request as submitted. As such, medical necessity has not been established.

**Internist Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127

**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), updated guidelines, Chapter 6, page 163

**Decision rationale:** The request for Internist Consult is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medial stability, and permanent residual loss and/or examinee's fitness to return to work. There is no clear rationale to support the need for an internist consultation. As such, medical necessity has not been established.