

<b>Case Number:</b>	CM14-0108766		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Family 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 54 year old female whose date of injury is 01/30/2013. The mechanism of injury is described as a slip and fall with injuries to her neck, back, hips, shoulders and ankle. Treatment to date includes lumbar epidural steroid injection on 02/06/14, physical therapy, and acupuncture. Diagnoses are listed as lumbar spine disc protrusion, cervical spine disc protrusion, and depression. She was seen by a pain management physician in 03/2014 and provided medication and a TENS unit (received in 04/2014). Note dated 06/02/14 indicates that the injured worker complains of headaches, neck pain and back pain. On physical examination there is tenderness to palpation over the cervical and lumbar paravertebral region bilaterally. Range of motion is restricted due to pain. Neurological exam is intact throughout. Prior utilization review denied request for Physical therapy 2x4, Chiropractic treatment 2x4 and TENS unit 30 days with supplies for joint pain on 07/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 2 x 4 is not recommended as medically necessary. It appears that the injured worker has been authorized for at least 12 physical therapy visits to date. Current evidence based guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

**Chiropractic treatment 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 58-60, 173, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the clinical information provided, the request for chiropractic treatment 2 x 4 is not recommended as medically necessary. The body part/s to be treated is/are not documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.

**TENS unit 30 days with supplies for joint pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 166, 300, Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Based on the clinical information provided, the request for TENS unit 30 days with supplies for joint pain is not recommended as medically necessary. The most recent clinical note submitted for review is over 4 months old. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by CA MTUS guidelines. Therefore, medical necessity is not established.