MAXIMUS Federal Services

| Case Number: | CM14-0191433 | | |
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| Date Assigned: | 11/25/2014 | Date of Injury: | 07/23/2013 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 7/23/13 date of injury. At the time (10/27/14) of request for authorization for MRI lumbar spine, Physical therapy 1x6 Lumbar spine, Chiropractic 1x6 lumbar spine, Acupuncture 1x6 lumbar, and Pain management referral low back, there is documentation of subjective complaints of severe low back pain radiating to legs associated with weakness. The objective findings include decreased range of motion with pain, tenderness over the bilateral SI joints and lumbar paravertebral muscles with spasm, and positive Kemp's test. The current diagnoses are lumbar radiculopathy and lumbar sprain/strain. Treatment to date includes medications. Regarding lumbar MRI, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and patient considered for surgery. Regarding Physical therapy and chiropractic therapy, it cannot be determined if this is a request for initial or additional physical therapy and chiropractic therapy. Regarding acupuncture, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm; and it cannot be determined if this is a request for initial or additional acupuncture treatments. Regarding pain management referral, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; Table 12-8.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar sprain/strain. In addition, there is documentation of failure of conservative treatment (medications). However, there is no documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, and patient considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is not medically necessary.

**Physical therapy 1 x 6 lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Physical Therapy (PT)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar sprain/strain. In addition, given documentation of subjective complaints of severe low back pain radiating to legs associated with weakness. Objective findings include decreased range of motion with pain, tenderness over the bilateral SI joints and lumbar paravertebral muscles with spasm, and positive Kemp's test. There is documentation of functional deficits and

functional goals. However, given documentation of a 7/23/13 date of injury where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy treatment. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 1 x 6 lumbar spine is not medically necessary.

**Chiropractic 1 x 6 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 298-299,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprains and strains not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar sprain/strain. In addition, given documentation of subjective complaints of severe low back pain radiating to legs associated with weakness. Objective findings include decreased range of motion with pain, tenderness over the bilateral SI joints and lumbar paravertebral muscles with spasm, and positive Kemp's test. There is documentation of functional deficits and functional goals. However, given documentation of a 7/23/13 date of injury where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy treatment. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 1 x 6 of the lumbar spine is not medically necessary.

**Acupuncture 1x6 Lumbar:** Upheld

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

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may

be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar sprain/strain. However, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery; to reduce pain; reduce inflammation; increase blood flow; increase range of motion; decrease the side effect of medication-induced nausea; promote relaxation in an anxious patient; and reduce muscle spasm. In addition, given documentation of a 7/23/13 date of injury where there would have been an opportunity to have had previous acupuncture treatments, it is not clear if this is a request for initial or additional (where acupuncture treatments provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture treatment. Therefore, based on guidelines and a review of the evidence, the request for acupuncture 1 x 6 for the lumbar is not medically necessary.

**Pain management referral low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultation, page127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7, page127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar sprain/strain. However, given no documentation of a rationale identifying the medical necessity of the requested consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.