

<b>Case Number:</b>	CM15-0100103		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/13/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old male sustained an industrial injury on 10/13/13. He subsequently reported back, ankle and shoulder pain. Diagnoses include lumbar spine musculoligamentous sprain/strain. Treatments to date include x-ray and MRI testing, right ankle surgery, physical therapy and prescription pain medications. The injured worker continues to experience right ankle pain and low back pain, which radiates to the lower extremities. Upon examination, there was tenderness to palpation with spasm present over the bilateral plantar fascia, paraspinal musculature and sacroiliac joints bilaterally. Antalgic gait with favoring of the right lower extremity was noted. Range of motion of the lumbar spine and right ankle was reduced. Straight leg raise test elicited localized pain. The treating physician made a request for Physical Therapy 3 times a week for 4 weeks to the Lumbar Spine, Home Interferential Unit, internal medicine consult and MRI scan of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 4 weeks to the Lumbar Spine: Upheld**

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

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented) was completed in the distant past. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation as to why home directed therapy and exercise is not sufficient. Guidelines recommend up to a maximum of 10 PT sessions for patient's diagnosis. Request exceed guideline maximum. Request for physical therapy is not medically necessary.

**Home Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. ICS is not medically necessary.

**Internal Medicine Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has various vague physical complaints and other chronic medical issues. It is not documented how any of these complaints relate to claimed injury. It is not documented if patient has a primary care physician that is already taking care of this patient's medical issues. Patient should receive medical care from his primary care physician, consulting another internist is redundant if patient already has a PCP. Internal medicine consult is not medically necessary.

**MRI Scan of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is noted normal neurologic exam. There is no justification documented for why MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.