

<b>Case Number:</b>	CM15-0107182		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 45-year-old female injured worker suffered an industrial injury on 03/19/2015. The diagnoses included left elbow contusion, left knee contusion, cervical spine strain, left shoulder muscle strain and lumbar muscle strain. The injured worker had been treated with physical therapy. On 4/13/2015, the treating provider reported flank pain, knee injury and elbow injury. She complained of left neck pain, midline low back pain and left shoulder pain. On exam there was tenderness to the cervical muscles. The lumbar spine had tenderness with absent bilateral lower extremity reflexes. The shoulder had left shoulder muscle tenderness. The treatment plan included Physical therapy, Chiropractic treatment, Acupuncture treatment, TENS trial, functional capacity evaluation, and MRI Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times wkly for 6 wks, 12 sessions for Neck, Low Back, Left Knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain in the neck, left shoulder, left elbow and low back. The request is for PHYSICAL THERAPY, 2 TIMES WKLY FOR 6 WKS, 12 SESSIONS FOR NECK, LOW BACK, LEFT KNEE. Physical examination to the cervical spine on 04/13/15 revealed tenderness to palpation over the paraspinal area and left trapezius. Examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. Examination to the left shoulder revealed tenderness to palpation. Per Request For Authorization form dated 04/13/15, patient's diagnosis include left elbow contusion, init; left knee contusion, init; cause of injury, accidental fall, init; cervical spine sprain, init; left shoulder muscle sprain, init; and lumbar muscle strain, in it. Patient's work status is modified duties. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 04/13/15, treater states, "we will have patient do more therapy with a focus on improving function and the goal of decreasing pain medications usage." Review of the records indicates that the patient has completed 6 physical therapy sessions and showed good improvement. Given the patient's condition, a short course of therapy would be indicated but MTUS guidelines recommend 9 to 10 visits for myalgia and myositis, and 8 to 10 visits for neuralgia and radiculitis, and the request for 12 sessions of physical therapy exceeds what is allowed by MTUS. Furthermore, treater has not documented why the patient cannot transition to a home based exercise program. Therefore, the request IS NOT medically necessary.

**Chiropractic treatment 1 time wkly for 6 wks, 6 sessions for Neck, Low Back, Left Knee:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with pain in the neck, left shoulder, left elbow and low back. The request is for CHIROPRACTIC TREATMENT 1 TIME WKLY FOR 6 WKS, 6 SESSIONS FOR NECK, LOW BACK, LEFT KNEE. Physical examination to the cervical spine on 04/13/15 revealed tenderness to palpation over the paraspinal area and left trapezius. Examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. Examination to the left shoulder revealed tenderness to palpation. Per Request For Authorization form dated 04/13/15, patient's diagnosis include left elbow contusion, init; left knee contusion, init; cause of injury, accidental fall, init; cervical spine sprain, init; left shoulder muscle sprain, init; and lumbar muscle strain, init. Patient's work status is modified duties. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not discussed this request. Review of the medical records does not indicate prior chiropractic treatment. The patient suffers from pain in the lower

back radiating bilateral lower extremities. Given the patient's condition, a short course of chiropractic treatment would be appropriate. Therefore, the request IS medically necessary.

**Acupuncture treatment 1 time wkly for 6 wks, 6 sessions for Neck, Low Back, Left Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain in the neck, left shoulder, left elbow and low back. The request is for ACUPUNCTURE TREATMENT 1 TIME WKLY FOR 6 WKS, 6 SESSIONS FOR NECK, LOW BACK, LEFT KNEE. Physical examination to the cervical spine on 04/13/15 revealed tenderness to palpation over the paraspinal area and left trapezius. Examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. Examination to the left shoulder revealed tenderness to palpation. Per Request For Authorization form dated 04/13/15, patient's diagnosis include left elbow contusion, init; left knee contusion, init; cause of injury, accidental fall, init; cervical spine sprain, init; left shoulder muscle sprain, init; and lumbar muscle strain, init. Patient's work status is modified duties. 9792. 24. 1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792. 20(e)." ODG-TWC, under Acupuncture Section states, "With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The treater has not specifically addressed this request. The patient continues with pain in the neck, left shoulder, left elbow and low back. Review of the medical records did not indicate prior acupuncture treatment. Given the patient's condition, the requested 6 sessions of acupuncture appears medically reasonable and is within MTUS guidelines. Therefore, the request IS medically.

**TENS (transcutaneous electrical nerve stimulation) Unit, 2 month trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

**Decision rationale:** The patient presents with pain in the neck, left shoulder, left elbow and low back. The request is for TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT, 2 MONTH TRIAL. Physical examination to the cervical spine on 04/13/15 revealed tenderness to palpation over the paraspinal area and left trapezius. Examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. Examination to the left shoulder revealed tenderness to palpation. Per Request For Authorization form dated 04/13/15, patient's diagnosis include left elbow contusion, init; left knee contusion, init; cause of injury, accidental fall, init; cervical spine sprain, init; left shoulder muscle sprain, init; and lumbar muscle strain, init. Patient's work status is modified duties. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months

duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Treater does not discuss this request. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Given the lack of documentation, as required by MTUS, the request IS NOT medically necessary.

**FCE (functional capacity evaluation): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 137-139.

**Decision rationale:** The patient presents with pain in the neck, left shoulder, left elbow and low back. The request is for FCE (FUNCTIONAL CAPACITY EVALUATION). Physical examination to the cervical spine on 04/13/15 revealed tenderness to palpation over the paraspinal area and left trapezius. Examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. Examination to the left shoulder revealed tenderness to palpation. Per Request For Authorization form dated 04/13/15, patient's diagnosis include left elbow contusion, init; left knee contusion, init; cause of injury, accidental fall, init; cervical spine sprain, init; left shoulder muscle sprain, init; and lumbar muscle strain, init. Patient's work status is modified duties. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. . . The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The treater does not specifically mention this request. Review of the medical reports provided does not mention a request from the employer or claims administrator. There is no evidence that FCE information is crucial either. There is lack of evidence that these FCE's adequately predict a patient's actual ability to perform at work. The request IS NOT medically necessary.

**MRI (magnetic resonance imaging) Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints

**Decision rationale:** The patient presents with pain in the neck, left shoulder, left elbow and low back. The request is for MRI (MAGNETIC RESONANCE IMAGING) LUMBAR SPINE. Physical examination to the cervical spine on 04/13/15 revealed tenderness to palpation over the paraspinal area and left trapezius. Examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. Examination to the left shoulder revealed tenderness to palpation. Per Request For Authorization form dated 04/13/15, patient's diagnosis include left elbow contusion, init; left knee contusion, init; cause of injury, accidental fall, init; cervical spine sprain, init; left shoulder muscle sprain, init; and lumbar muscle strain, init. Patient's work status is modified duties. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. The treater does not specifically mention this request. Review of the medical reports provided does not indicate a prior MRI of the lumbar spine. The patient continues with low back pain. Physical examination to the lumbar spine revealed tenderness to palpation over the L4-5 area. In this case, treater has not documented "Unequivocal objective findings that identify specific nerve compromise" on physical exams, as required by MTUS. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. There are no discussions of trauma to the spine or evidence of red flags, to warrant an MRI study. This request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.