

Case Number:	CM15-0168617		
Date Assigned:	09/09/2015	Date of Injury:	06/03/2014
Decision Date:	10/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 47 year old male who sustained an industrial injury on 6-3-14 from cumulative trauma. Diagnoses included lumbar disc protrusion; lumbar myospasm; lumbar radiculopathy; lumbar and thoracic sprain-strain; anxiety; depression; irritability; nervousness. He currently (7-27-15) complains of intermittent upper, mid back pain and stiffness with a pain level of 5 out of 10; intermittent, sharp, burning low back pain and stiffness with numbness, tingling and weakness associated with prolonged sitting, standing and walking with a pain level of 6 out of 10. On physical exam of the thoracic spine there was tenderness to palpation with muscle spasms and positive Kemp's; the lumbar spine revealed tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles and sacrum, muscle spasms, positive Kemp's bilaterally, straight leg raise causes pain bilaterally, Lasegue's is positive, decreased and painful range of motion. Per the 3-17-15 qualified medical exam the injured worker can perform activities of daily living but with extra discomfort, he cannot carry anything at all, he walks limited distances. He has difficulty with repetitive motions such as typing, great difficulty climbing stairs, sitting, standing or walking for more than 30 minutes. He has sleep difficulties. He uses a cane for ambulation (6-17-15). Diagnostics included x-ray of the lumbar spine (7-14-14) showing scoliosis, degenerative marginal osteophytes, left spinal fusion hardware present; x-ray of the thoracic spine (7-14-14) showing degenerative osteophytes, degenerative osteosclerosis; MRI of the thoracic spine (8-27-14) showing disc desiccation at T6-7 and T7-8, Schmorl's at T8, T10 and T11. Treatments to date include status post lumbar spine L4-5 interbody fusion with residuals; medications: Norco, Soma, ibuprofen, pantoprazole,

diclofenac; chiropractic care with temporary relief; aquatic therapy with temporary relief; physical therapy to the back with temporary relief (2010); thoracic epidural steroid injections with 2 day relief (2010); acupuncture with very temporary relief and physical therapy with no relief (2011); physical therapy for one year in 2013 with temporary relief. In the progress note dated 7-27-15 the treating provider's plan of care included requests for acupuncture once per week for six weeks to increase activities of daily living and decrease pain; physical therapy once per week for six weeks to increase range of motion, increase activities of daily living, decrease pain. The request for authorization dated 7-27-15 was for acupuncture once per week for six weeks; physical therapy once per week for six weeks. The request for range of motion at doctor's visit to the lumbar spine was not present. On 7-31-15 Utilization Review evaluated and non-certified the requests for physical therapy once per week for six weeks for the lumbar spine based on no documentation of subjective or objective benefit from previous physical therapy for this chronic condition, guidelines not met; acupuncture once per week for six weeks for the lumbar spine based on no indication that the injured worker was seeking physical rehabilitation or surgical intervention for the injuries as guidelines dictate; range of motion one time at doctor's visit for the lumbar spine based on the fact that a medical doctor should be able to perform a basic physical exam of the musculoskeletal system using analog testing methods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS Guidelines support up to 10 sessions of supervised physical therapy as adequate for chronic musculoskeletal conditions/pain. This individual has vastly exceeded this recommendation with any evidence of lasting pain or functional benefits. If there was a specific need to renew an aspect of independent exercise a few sessions may be reasonable, but there is no evidence of this as a medical need or goal. There are no unusual circumstances to justify an exception to the Guideline recommendations. The request for Physical therapy once a week for 6 weeks for the lumbar spine is not medically necessary.

Acupuncture once a week for 6 weeks for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: MTUS Guidelines support up to 6 sessions of acupuncture in an attempt to diminish pain. The Guidelines state that this "may" be utilized as part of a functional restoration program; the Guidelines do not state that this has to be utilized only in this setting. There is no

history of prior acupuncture and a trial of up to 6 sessions is Guideline supported under these circumstances. The request for acupuncture once a week for 6 weeks for the lumbar spine is consistent with Guidelines and is medically necessary.

Range of motion test at doctor's visit for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Computerized range of motion.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/flexibility.

Decision rationale: Guidelines are clear with the expectation that Range of Motion (ROM) measurements are an integral and expected aspect of musculoskeletal evaluations. The Guidelines do not support his service as distinct and warranting special billing or authorization. The ODG Guidelines also point out the limited information/benefits of spinal ROM measurements. They may be necessary for impairment calculations, but even in that setting specialized equipment is not necessary. ODG Guidelines point out that ROM measurements of the spine mean little in day-to-day clinical practice. The request for authorization of specialized Range of motion test at doctor's visit for the lumbar spine as a distinct special service/procedure is not supported by Guidelines and is not medically necessary.