

<b>Case Number:</b>	CM15-0032970		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

This 22-year-old male sustained a work related injury on 08/29/2014. According to a progress report dated 12/17/2014, the injured worker was injured while driving a forklift when he accidentally collided with a pole and injured his back. His body jerked abruptly causing his back to impact the guardrail. He felt immediate pain in his back that increased over the next hour. Present complaints included intermittent moderate pain to the lumbar and thoracic spine. The injured worker could climb stairs, carry groceries, sweep and mop, but it always caused pain. Diagnoses include lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy. The injured worker was taught a series of home exercises. Treatment plan included physical medicine 6 visits, topical compound creams, Functional Capacity Evaluation, lumbosacral orthosis and work hardening screening. On 01/27/2015, Utilization Review non-certified Physical Medicine (Electrical Muscle Stimulation, Infrared, Chiropractic Manipulative Therapy, Massage, Therapeutic Activities) 6 visits (3 x 2) thoracic, lumbar spine and Follow-up visits; Range of Motion measurement and addressing ADL's (activities of daily living). According to the Utilization Review physician, in regard to Physical Medicine, the injured worker had 6 sessions of physical medicine with significant functional improvement. There was no documentation of significant improvement in pain, change in VAS score, or objective measures of functional improvement noted to warrant additional sessions. There are no intervention trials suggesting benefit from NMES (neuromuscular electrical stimulation) for chronic pain. CA MTUS Chronic Pain Medical Treatment Guidelines, page 21 (NMES devices) and pages 58-60 Manual therapy & manipulation, page 60 Massage, page 99 Physical Medicine

and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Infrared therapy, Manipulation and Physical Therapy were referenced. In regard to Follow-up visits, the injured worker was diagnosed with lumbar disc displacement without myelopathy and thoracic disc displacement without myelopathy. It was noted, the patient had increased activities of daily living (ADLs) including standing for an entire working day. CA MTUS ACOEM Practice Guidelines were referenced. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical medicine (Electrical Muscle Stimulation, infrared, chiropractic manipulative therapy, massage, therapeutic activities) 6 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back-lumbar and thoracic (acute & chronic), chiropractic guidelines, massage therapy, physical medicine, functional improvement measures Page(s): 48, 58-60, 121.

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

**Decision rationale:** This patient presents with intermittent low back and thoracic spine pain. The current request is for PHYSICAL MEDICINE (ELECTRICAL MUSCLE STIMULATION INFRARED, CHIROPRACTIC MANIPULATIVE THERAPY, and MASSAGE THERAPEUTIC ACTIVITIES) 6 VISITS. The Request for Authorization is dated 12/17/14. The 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." The patient has a date of injury of 8/29/14. This patient has participated in 8 physical therapy sessions with significant benefits. In this case, the request for additional 6 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician does not discuss why the patient would not be able to transition into a self directed home exercise program. The current request is not medically necessary.

**Follow-up visits; range of motion measurement and addressing ADL's: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back-lumbar and thoracic (acute & chronic), chiropractic guidelines, massage therapy, physical medicine, functional improvement measures Page(s): 48, 58-60, 121.

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

**Decision rationale:** This patient presents with intermittent low back and thoracic spine pain. The current request is for FOLLOW UP VISITS, RANGE OF MOTION MEASUREMENT AND ADDRESSING ADL'S. The Request for Authorization is dated 12/17/14. The ACOEM Guidelines Chapter 12, low back, page 303 has the following regarding follow-up visits, Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Follow up visits are support by ACOEM. However, this is a request without specifying frequency of visits. Open-ended request for office visits cannot be recommended as ACOEM has provided specific guidelines on follow-up visits. This request IS NOT medically necessary.