

<b>Case Number:</b>	CM14-0162099		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational Medicine 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:

There were 47 pages provided for this review. There was a September 4, 2014 peer review. The injured worker is a 27-year-old female injured last June, when she was pulling a bag of dog food to scan and lifted into the cart and felt low back pain. She was seen on August 7, 2014. Her pain was 4 -10/10. She had pain in the right lateral thigh and left posterior thigh to her heel. There was some restricted extension as well as right and left lateral bending limitation. Straight leg raises negative bilaterally, there was no spasm but there was tenderness in the paraspinal muscles and the muscle strength was normal. Sensation was decreased in the left L5 dermatome. Reflexes were normal. The MRI on August 5 showed an L4-L5 disc protrusion as well as a protrusion at L4-L5-S1. She completed seven sessions of therapy which did not help. Reflexes were symmetrical. There was no mention of what muscles were tested for the muscle strength. She is on modified work duty. There was a chiropractic report from October 20, 2014 and the diagnosis of the injured worker was a lumbar strain. She has been recently seen by a physiatrist. There is no indication she requires another medical doctor to see her. The doctor did not see the need to place her on medicine when he saw her. She had already completed seven sessions of physical therapy so it is not clear why more would be needed in lieu of an independent home program. The MRI on August 5 showed an L4-L5 disc protrusion as well as a protrusion at L4-L5-S1. She completed seven sessions of therapy which did not help. Reflexes were symmetrical. There was no mention of what muscles were tested for the muscle strength. She is on modified work duty. There was a chiropractic report from October 20, 2014. He diagnosed the claimant as having a lumbar strain. She has been recently seen by a physiatrist. There is no indication she requires another medical doctor to see her. He did not see the need to place her on medicine when he saw her. She had already completed seven sessions of physical therapy so it is not clear why more would be needed in lieu of an independent home program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical/medication evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7, PAGE 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** ACOEM Guidelines, Chapter 7, page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Moreover, the injured worker already saw a psychiatrist, who deemed no medicine was necessary. Therefore, this request was not medically necessary.

**Manipulative and physiotherapy 3 x 4 weeks 12 treatments - lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified: 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. This injured worker does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:  
1. Although mistreating or under treating pain is of concern, an even greater risk for the physician

is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Therefore, the request is not medically necessary.