

<b>Case Number:</b>	CM15-0087621		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Arizona

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 injured worker is a male, who sustained an industrial injury on 12-14-2013. The injured worker was diagnosed as having musculoligamentous injury of the lumbar, lumbar myospasm, and lumbar radiculitis, right sacroiliac joint sprain, insomnia, and sleep disturbance. The request for authorization is for: physical therapy (lumbar), chiropractic sessions (lumbar) 1 x 6 weeks, acupuncture sessions (lumbar), and single point cane. The UR dated 5-4-2015: certified a magnetic resonance imaging of the lumbar spine and follow-up evaluation with an internal medicine physician (GI distress) x 1 office visit; and non-certified physical therapy (lumbar), chiropractic sessions (lumbar) 1 x 6 weeks, acupuncture sessions (lumbar), and single point cane. On 1-20-2015, he is noted to have completed some sessions of acupuncture, chiropractic sessions and physical therapy sessions for the lumbar spine. On 3-24-2015, he reported low back pain rated 6 out of 10. He described the pain as "moderate to severe, achy, sharp" and with radiation into the right leg with associated numbness. He indicated he was losing sleep due to pain. Physical findings revealed a decreased and reportedly painful range of motion of the lumbar spine. The provider also indicated there was tenderness of the low back muscles, buttocks and right sacroiliac joint areas, along with muscle spasms in the low back and a positive straight leg raise bilaterally. He is noted to be off work status until 5-8-2015. On 4-28-2015, he reported low back pain rated 6 out of 10. He described the pain as "moderate to severe, achy, sharp" and with radiation into the right leg with associated numbness. He indicated he was losing sleep due to pain. Physical findings revealed a decreased range of motion of the lumbar spine, tenderness to the low back, buttocks and sacroiliac joint areas, along with muscle spasms noted in the low back. Testing revealed a positive straight leg raise bilaterally. His work status is noted

as off work until 6-12-2015. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine 4-24-2015, urine screening, lumbar epidural injection in 2014 with post procedure complication of right leg numbness, medications, and completed an unclear amount of: chiropractic sessions, acupuncture, and physical therapy for 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 (lumbar) (unknown number of sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy for lumbar sprain/strain.

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

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. Within the submitted records, there are still reports of significant pain, 9/10 in a PR-2 note January 2015, and 8/10 in a July 2015 PR-2 note. There has been documented physical therapy but unknown number of sessions, and there is no mention of how past physical therapy has reduced pain using validated measures, nor is there mention of enhanced function or ability to participate in activities of daily living. This request is not medically necessary.

#### **Chiropractic sessions (lumbar) 1 x 6 weeks: 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): Manual therapy & manipulation.

**Decision rationale:** California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. Within the submitted records, there are still reports of significant pain, 9/10 in a PR-2 note January 2015, and 8/10 in a July 2015 PR-2 note. There has been documented manual therapy but unknown number of sessions, and there is no mention of how past manual therapy has reduced pain using validated measures, nor is there

mention of enhanced function or ability to participate in activities of daily living. This request is not medically necessary.

**Acupuncture sessions (lumbar) (unknown number of sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. Within the submitted records, there are still reports of significant pain, 9/10 in a PR-2 note January 2015, and 8/10 in a July 2015 PR-2 note. There has been documented acupuncture but unknown number of sessions, and there is no mention of how past acupuncture has reduced pain using validated measures, nor is there mention of enhanced function or ability to participate in activities of daily living. Efficacy has not been determined. This request is not medically necessary.

**Single point cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking aids; Aetna Clinical Policy Bulletins. Number: 0505: Ambulatory Assist Devices: Walker, Canes, and Crutches.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee & Leg (Walking Aids).

**Decision rationale:** The Official Disability Guidelines recommend walking aids (canes, crutches, braces, orthoses, & walkers). Disability, pain, and age-related impairments seem to determine the need for a walking aid. Within the submitted records, it is noted that the injured worker continues to describe significant pain, 8-9/10 as of July 2015. Diagnoses include SI joint dysfunction and lumbar radiculitis with radiating nature of pain. A cane would be reasonable in this setting, and as such, this request is medically necessary.