

<b>Case Number:</b>	CM15-0095023		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 injured worker is a 27-year-old male, who sustained an industrial injury on 11/18/2014. He reported low back pain after lifting a heavy object. The injured worker was diagnosed as having lumbar spine sprain/strain, lumbar degenerative disc disease, disc protrusion. Treatment to date has included medications, urine toxicology, examinations, x-rays, injection, modified work, magnetic resonance imaging (12/29/2014). The request is for physical therapy, acupuncture, pain management consultation, internal medicine consultation. On 3/23/2015, he complained of continuous sharp, stabbing, and throbbing low back pain with radiation into the legs. He also complained of weakness, and tingling in his legs. He rated the pain 7/10. He indicated the pain is increased with prolonged activities, and he has difficulty sleeping. He is reported to have difficulty with activities of daily living including bathing and driving. Physical examination revealed tenderness of the lumbar spine area, and a normal gait. The lumbar spine range of motion/normal is: 26/60 for flexion, extension is 3/25, left lateral bend is 19/25, and right lateral bend is 24/25. He is noted to have a positive to 50 degrees straight leg raise test on the right and 65 degrees on the left. The treatment plan included chiropractic therapy, functional capacity evaluation, Tramadol, TENS, Soma, and Cyclobenzaprine/tramadol cream. On 4/27/15, his pain of the left lower extremity is noted to be rated 8/10. The treatment plan included electrodiagnostic studies, physical therapy, and acupuncture. Chiropractic treatment is indicated to have not been very helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the lumbar spine QTY: 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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

**Decision rationale:** The patient was injured on 11/18/14 and presents with lumbar spine pain and left lower extremity pain. The request is for PHYSICAL THERAPY FOR THE LUMBAR SPINE X 6The RFA is dated 05/01/15 and the patient is on modified work duty. Review of the reports provided indicates that the patient has already had at least 7 sessions of physical therapy from 11/18/14 to 01/13/15. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has tenderness along the right and left para-lumbar muscle L4-L5 and he is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease, and disc protrusion. Treatment to date has included medications, urine toxicology, examinations, x-rays, injection, modified work, and magnetic resonance imaging. There is no indication of any recent surgery the patient may have had, and there is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 6 sessions of therapy to the 7 sessions the patient has already had exceeds what is allowed by MTUS guidelines. There is no documentation of a new injury or a flare-up to warrant another course of therapy at this time. Therefore, the request IS NOT medically necessary.

**Acupuncture to the lumbar spine QTY: 6: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient was injured on 11/18/14 and presents with lumbar spine pain and left lower extremity pain. The request is for ACUPUNCTURE FOR THE LUMBAR SPINE X 6. The utilization review denial letter did not provide a rationale. The RFA is dated 05/01/15 and the patient is on modified work duty. There is no indication of any prior acupuncture the patient may have had. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced

dependence on medical treatments. The patient has tenderness along the right and left paralumbar muscle L4-L5 and he is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease, and disc protrusion. Treatment to date has included medications, urine toxicology, examinations, x-rays, injection, modified work, and magnetic resonance imaging. The reason for the request is not provided. In this case, there is no indication that the patient has had any prior acupuncture sessions. The requested 6 sessions of acupuncture for the lumbar spine appears medically reasonable and is within MTUS guidelines. The request IS medically necessary.

**Pain Management Consult: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 11/18/14 and presents with lumbar spine pain and left lower extremity pain. The request is for PAIN MANAGEMENT CONSULT for pain meds. The utilization review denial letter did not provide a rationale. The RFA is dated 05/01/15 and the patient is on modified work duty. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. The patient has tenderness along the right and left paralumbar muscle L4-L5 and he is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease, and disc protrusion. Treatment to date has included medications, urine toxicology, examinations, x-rays, injection, modified work, and magnetic resonance imaging. The 04/27/15 report states that the "pt was receiving Norco multiple times per day." Given that the patient continues to have lumbar spine pain and left lower extremity pain, a pain management consultation appears reasonable. Therefore, the request IS medically necessary.

**Internal Medicine Consult medical causes for anxiety: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 11/18/14 and presents with lumbar spine pain and left lower extremity pain. The request is for INTERNAL MEDICINE CONSULT MEDICAL CAUSES FOR ANXIETY. The utilization review denial letter did not provide a rationale. The RFA is dated 05/01/15 and the patient is on modified work duty. ACOEM Practice Guidelines Second Edition (2004) chapter 7 independent medical examination and consultations page 127 states, "The occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provides monitoring of the patient's progress and makes appropriate recommendations. The patient has tenderness along the right and left para-lumbar muscle L4-L5 and he is diagnosed with lumbar spine sprain/strain, lumbar degenerative disc disease, and disc protrusion. The 04/27/15 report states that the patient also has stress, anxiety, depression, and sleep disturbance. Treatment to date has included medications, urine toxicology, examinations, x-rays, injection, modified work, and magnetic resonance imaging. Given that the patient has stress, anxiety, and depression, an internal medicine consult for medical causes of anxiety appears medically reasonable. Therefore, the request IS medically necessary.