

<b>Case Number:</b>	CM16-0231745		
<b>Date Assigned:</b>	12/07/2016	<b>Date of Injury:</b>	10/23/2016
<b>Decision Date:</b>	01/10/2017	<b>UR Denial Date:</b>	11/30/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2016

### 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: New York

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 case involves a now 52-year-old female with a history of an occupational claim from 10/23/2016. The mechanism of injury is detailed as lifting. The current diagnoses are documented as lumbar spine sprain/strain and abdominal muscle strain. Prior relevant treatment included physical therapy. On 11/18/2016, the patient was seen for an evaluation regarding continued complaints of bilateral lower back pain and left middle abdominal pain rated at a 5/10. The patient reportedly began prescribed physical therapy. The physical examination revealed left lower abdominal quadrant tenderness to pressure, bilateral thoracolumbar paraspinal spasms with tenderness to palpation, and restricted extension of the sacroiliac joint. Additionally, straight leg raise was positive on the left at 55 degrees, Kemp's sign was positive on the left with severely reduced lumbar spine range of motion. The treatment plan included physical examination. The Request for Authorization form was dated 11/18/2016. A prior review dated 11/13/2016 indicated that the request for physical examination, 16, was non-certified due to a lack of documentation with a clear rationale for providing concurrent physical modalities as the patient was currently participating in a physical therapy program. Additionally, the request for spinal manipulation, electrical stimulation, ultrasound, and initial examination were non-certified given the lack of documentation including rationale for providing concurrent physical modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical exam 2 times 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

**Decision rationale:** The California MTUS 2016 Chronic Pain Guidelines recommend up to 10 visits of physical therapy for myalgia and myositis. According to the documentation submitted for review, the patient is currently undergo treatment with physical therapy. However, there was a lack of information regarding the duration and number of sessions of previously certified physical therapy sessions. There is a lack of documentation with quantified evidence of numerical pain relief and increased function with prior treatment to warrant additional sessions. There was no clear rationale for the need of additional physical therapy as the patient is currently undergoing previously recommended physical therapy. As such, the request is not medically necessary.

**Spinal manipulation 1 times 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

**Decision rationale:** The California MTUS 2016 Chronic Pain Guidelines recommend up to 8 weeks of chiropractic therapy with improvement in pain level, function, and quality of life. Per the submitted documentation, the patient was noted to have started a physical therapy program. There was no clear rationale for the need of chiropractic treatment prior to the completion of the previously authorized conservative therapy. As such, the request is not medically necessary.

**Electrical stimulation 1 times 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** The California MTUS 2016 Chronic Pain Guidelines do not recommend transcutaneous electrical nerve stimulation unit as a primary treatment modality but a 1 month home based trial is recommended if used as an adjunct to a program of evidence based restoration. According to the documentation submitted for review, the patient is currently undergoing treatment with physical therapy. There is no clear rationale for the need of electrical

stimulation prior to the completion of the previously authorized conservative treatment. As such, the request is not medically necessary.

**Ultrasound 1 times 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Ultrasound, therapeutic.

**Decision rationale:** The California MTUS 2016 Chronic Pain Guidelines do not recommend ultrasound therapy for therapeutic purposes as there is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries. Per the submitted documentation, the patient is currently undergoing treatment with physical therapy. There was no clear rationale for the need of additional treatment with ultrasound prior to the completion of previously authorized conservative treatment. Additionally, there are no exceptional factors to warrant the requested treatment as it is not recommended by the evidence based guidelines. As such, the request is not medically necessary.

**Initial exam:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Office visits.

**Decision rationale:** The California MTUS 2016 Chronic Pain Guidelines indicate that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. Per the submitted documentation, the patient was seen for an evaluation on 11/18/2016. However, there was a lack of documentation specifying when the initial examination was performed. As such, the request is not medically necessary.