

Case Number:	CM13-0010266		
Date Assigned:	03/24/2014	Date of Injury:	02/04/1994
Decision Date:	06/30/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/12/2013

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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 1994. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of acupuncture and chiropractic manipulative therapy over the life of the claim; muscle relaxants; and attorney representation. In a utilization review report of August 7, 2013, the claims administrator partially certified a request for six sessions of acupuncture while apparently denying a request for 12 sessions of physical therapy and 12 sessions of chiropractic manipulative therapy. Non-MTUS Chapter 6 ACOEM Guidelines and Non-MTUS ODG Guidelines were cited in the denial, although the MTUS does not address the topic at hand. In a September 23, 2013 progress note, the patient is described as having persistent neck and low back pain. The patient apparently received the six sessions of acupuncture previously authorized but is still having residual discomfort. The patient is on Soma and Motrin, it is further noted. He is no longer smoking but is drinking five to nine times a week. His BMI is 25. He exhibits a fairly well-preserved lumbar range of motion. Additional physical therapy, manipulative therapy, Motrin, and Soma are endorsed. The patient's work status is not provided. It is stated that his disability status is "unchanged." It does not appear that the patient is working. An earlier note of October 30, 2013, again does not clearly delineate the patient's work status. It is stated that continued physical therapy, manipulative therapy, and acupuncture would be preferable to the patient's going out on disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 CERVICAL SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment.

Decision rationale: The 12 sessions of treatment being proposed do, in and of themselves, represent treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines recommend tapering or fading the frequency of treatment over time. In this case, however, the original request, as written, does not conform to MTUS Guidelines or MTUS parameters. It is not clear why the patient cannot transition to an independent, self-directed home physical medicine at this late date, some 19 to 20 years removed from the date of injury. Therefore, the request is not medically necessary.

PHYSICAL THERAPY X 12 LUMBAR SPINE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: Again, the 12-session course of treatment proposed does represent treatment in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue seemingly present here. Thus, the request does not conform to MTUS parameters. It is further noted that page 48 of the MTUS-adopted ACOEM Guidelines in Chapter 3 states that it is incumbent upon the attending provider to furnish a prescription which clearly states treatment goals. In this case, the attending provider has not, in fact, furnished clear treatment goals. It is not clear why treatment in excess of the guideline is needed at this late date, several years removed from the date of injury. Therefore, the request remains not medically necessary, on independent medical review.

CHIROPRACTIC X 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are endorsed in the event of recurrences and/or flares of chronic pain, in the chronic pain phase of an injury, in those patients who demonstrate treatment success by achieving or maintaining return to work status. In this case, however, the patient's work status has not been clearly stated. The 12-session course of treatment is well in excess of MTUS parameters. Therefore, the request remains not medically necessary, on independent medical review.

ACUPUNCTURE X 12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.C1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. This request, thus, is well in excess of MTUS parameters. No compelling rationale for a treatment course 2 to 4 times as suggested in the MTUS has been provided by the attending provider. Therefore, the request remains not medically necessary, on independent medical review.