

<b>Case Number:</b>	CM13-0044469		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

This patient is a 46-year-old female with date of injury 03/02/2012. The patient presents with headaches, neck pain, mid back pain, low back pain radiating into the mid back and legs, left shoulder pain radiating into the neck and arm, bilateral wrist pain associated with numbness and weakness, right knee pain radiating down in the foot, left knee pain associated with sleep interruption, depression, anxiety. Under treatment plan, recommendation was for Toradol 60 mg for pain IM, medications were tramadol #60, Motrin #60, omeprazole 20 mg #60 for GI problems, and Gaviscon 2 tablespoons for gastric symptoms. Physical therapy was requested for neck, low back, left shoulder 2 times a week for 4 weeks consisting of infrared TENS, ultrasound, and therapeutic exercises. The patient was to continue chiropractic treatments with myofascial release to the neck and low back, shoulder once a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PHYSICAL THERAPY VISITS FOR NECK, LOW BACK & LEFT SHOULDER-USING TENS AT 2 TIMES A WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, TENS.

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

**Decision rationale:** This patient presents with widespread pain involving the neck, thoracic, low back areas, upper and lower extremities, bilateral shoulders, bilateral knees. There is a request from report 09/04/2013 for 8 sessions of physical therapy. Review of the reports show that this patient has been recommended for physical therapy 2 times a week for 4 weeks on every visit 05/28/2013, 06/26/2013, 07/10/2013, 08/17/2013, and 09/04/2013. None of the reports show any progress. It merely states that the patient gets relief but there is no evidence of functional improvement, reduction of medication use or any real evidence that the patient is benefiting from these routine physical therapy treatments. There are no pain scales to denote improvement of symptoms despite ongoing physical therapy. The treating physician does not keep track of patient's progress, only stating that patient has persistent severe pain. Patient apparently had an emergency room visitation in May of 2013 despite continued physical therapy. There is no evidence of any improvement from ongoing physical therapy provided for this patient. Each of the monthly reports was repetitious with the same request. It is also apparent that the patient is receiving physical therapy at the treating physician's facility and appeared to be routine treatments provided rather than with any goal or progress in mind. MTUS Guidelines allow 8 to 10 sessions of physical therapy treatments for myalgia myositis, neuralgia, neuritis radiculitis type of symptoms that this patient suffers from. In this case, each of the report indicates that the patient has been treated with physical therapy 2 times a week for 4 weeks at the treating physician's facility without any progress in mind. MTUS Guidelines page 8 states that the treating physician must monitor progress and recommend appropriate treatments. It is not known why the treating physician continues to recommend physical therapy when none of the reports show any progress from the treatments rendered at the treater's facility. I do note that the patient underwent right knee surgery in January 2013 and left shoulder surgery on 07/01/2013. On 07/01/2013, left shoulder arthroscopy with subacromial decompression, extensive bursectomy along with labral debridements were carried out. MTUS Guidelines postop treatments allow up to 24 sessions over 14 weeks for postop care. In this patient, patient has had ongoing therapy through July, August, and September and would appear to have had more than 24 sessions following surgery. The request is not certified.

**8 PHYSICAL THERAPY VISITS 2 TIMES A WEEK FOR 4 WEEK USING ULTRASOUND (NECK, LOW BACK, LEFT SHOULDER): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Ultrasound Therapeutic..

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

**Decision rationale:** This patient presents with widespread pain involving the neck, thoracic, low back areas, upper and lower extremities, bilateral shoulders, bilateral knees. There is a request from report 09/04/2013 for 8 sessions of physical therapy. Review of the reports show that this patient has been recommended for physical therapy 2 times a week for 4 weeks on every visit 05/28/2013, 06/26/2013, 07/10/2013, 08/17/2013, and 09/04/2013. None of the reports show any

progress. It merely states that the patient gets relief but there is no evidence of functional improvement, reduction of medication use or any real evidence that the patient is benefiting from these routine physical therapy treatments. There are no pain scales to denote improvement of symptoms despite ongoing physical therapy. The treating physician does not keep track of patient's progress, only stating that patient has persistent severe pain. Patient apparently had an emergency room visitation in May of 2013 despite continued physical therapy. There is no evidence of any improvement from ongoing physical therapy provided for this patient. Each of the monthly reports was repetitious with the same request. It is also apparent that the patient is receiving physical therapy at the treating physician's facility and appeared to be routine treatments provided rather than with any goal or progress in mind. MTUS Guidelines allow 8 to 10 sessions of physical therapy treatments for myalgia myositis, neuralgia, neuritis radiculitis type of symptoms that this patient suffers from. In this case, each of the report indicates that the patient has been treated with physical therapy 2 times a week for 4 weeks at the treating physician's facility without any progress in mind. MTUS Guidelines page 8 states that the treating physician must monitor progress and recommend appropriate treatments. It is not known why the treating physician continues to recommend physical therapy when none of the reports show any progress from the treatments rendered at the treater's facility. I do note that the patient underwent right knee surgery in January 2013 and left shoulder surgery on 07/01/2013. On 07/01/2013, left shoulder arthroscopy with subacromial decompression, extensive bursectomy along with labral debridements were carried out. MTUS Guidelines postop treatments allow up to 24 sessions over 14 weeks for postop care. In this patient, patient has had ongoing therapy through July, August, and September and would appear to have had more than 24 sessions following surgery. The request is not certified.

### **8 PHYSICAL THERAPY VISITS CONSISTING OF THERAPEUTIC EXERCISES AT 2 TIMES A WEEK FOR 4 WEEKS: Upheld**

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

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

**Decision rationale:** This patient presents with widespread pain involving the neck, thoracic, low back areas, upper and lower extremities, bilateral shoulders, bilateral knees. There is a request from report 09/04/2013 for 8 sessions of physical therapy. Review of the reports show that this patient has been recommended for physical therapy 2 times a week for 4 weeks on every visit 05/28/2013, 06/26/2013, 07/10/2013, 08/17/2013, and 09/04/2013. None of the reports show any progress. It merely states that the patient gets relief but there is no evidence of functional improvement, reduction of medication use or any real evidence that the patient is benefiting from these routine physical therapy treatments. There are no pain scales to denote improvement of symptoms despite ongoing physical therapy. The treating physician does not keep track of patient's progress, only stating that patient has persistent severe pain. Patient apparently had an emergency room visitation in May of 2013 despite continued physical therapy. There is no evidence of any improvement from ongoing physical therapy provided for this patient. Each of the monthly reports was repetitious with the same request. It is also apparent that the patient is

receiving physical therapy at the treating physician's facility and appeared to be routine treatments provided rather than with any goal or progress in mind. MTUS Guidelines allow 8 to 10 sessions of physical therapy treatments for myalgia myositis, neuralgia, neuritis radiculitis type of symptoms that this patient suffers from. In this case, each of the report indicates that the patient has been treated with physical therapy 2 times a week for 4 weeks at the treating physician's facility without any progress in mind. MTUS Guidelines page 8 states that the treating physician must monitor progress and recommend appropriate treatments. It is not known why the treating physician continues to recommend physical therapy when none of the reports show any progress from the treatments rendered at the treater's facility. I do note that the patient underwent right knee surgery in January 2013 and left shoulder surgery on 07/01/2013. On 07/01/2013, left shoulder arthroscopy with subacromial decompression, extensive bursectomy along with labral debridements were carried out. MTUS Guidelines postop treatments allow up to 24 sessions over 14 weeks for postop care. In this patient, patient has had ongoing therapy through July, August, and September and would appear to have had more than 24 sessions following surgery. The request is not certified.

**8 PHYSICAL THERAPY VISITS FOR NECK, LOW BACK AND LEFT SHOULDER-CONSISTING OF INFRARED- 2 TIMES A WEEK FOR 4 WEEKS: 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), Low Back- Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** This patient presents with widespread pain involving the neck, thoracic, low back areas, upper and lower extremities, bilateral shoulders, bilateral knees. There is a request from report 09/04/2013 for 8 sessions of physical therapy. Review of the reports show that this patient has been recommended for physical therapy 2 times a week for 4 weeks on every visit 05/28/2013, 06/26/2013, 07/10/2013, 08/17/2013, and 09/04/2013. None of the reports show any progress. It merely states that the patient gets relief but there is no evidence of functional improvement, reduction of medication use or any real evidence that the patient is benefiting from these routine physical therapy treatments. There are no pain scales to denote improvement of symptoms despite ongoing physical therapy. The treating physician does not keep track of patient's progress, only stating that patient has persistent severe pain. Patient apparently had an emergency room visitation in May of 2013 despite continued physical therapy. There is no evidence of any improvement from ongoing physical therapy provided for this patient. Each of the monthly reports was repetitious with the same request. It is also apparent that the patient is receiving physical therapy at the treating physician's facility and appeared to be routine treatments provided rather than with any goal or progress in mind. MTUS Guidelines allow 8 to 10 sessions of physical therapy treatments for myalgia myositis, neuralgia, neuritis radiculitis type of symptoms that this patient suffers from. In this case, each of the report indicates that the patient has been treated with physical therapy 2 times a week for 4 weeks at the treating physician's facility without any progress in mind. MTUS Guidelines page 8 states that the treating physician must monitor progress and recommend appropriate treatments. It is not

known why the treating physician continues to recommend physical therapy when none of the reports show any progress from the treatments rendered at the treater's facility. I do note that the patient underwent right knee surgery in January 2013 and left shoulder surgery on 07/01/2013. On 07/01/2013, left shoulder arthroscopy with subacromial decompression, extensive bursectomy along with labral debridements were carried out. MTUS Guidelines postop treatments allow up to 24 sessions over 14 weeks for postop care. In this patient, patient has had ongoing therapy through July, August, and September and would appear to have had more than 24 sessions following surgery. The request is not certified.

**4 CHIROPRACTIC VISITS CONTINUED FOR MYOFASCIAL RELEASE TO NECK, LOW BACK & LEFT SHOULDER 1X 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58-59.

**Decision rationale:** This patient presents with widespread pain involving neck, thoracic, low back, upper or lower extremities, bilateral shoulders, bilateral knees. There is a request for 4 chiropractic treatments one a week for 4 weeks. Treating physician appears to provide these treatments at his own facility. Review of the reports shows that on each of the progress reports from 05/28/2013 to 09/04/2013, the treating physician is recommending 1 time a week for 4-week chiropractic treatments. MTUS Guidelines allow maximum of 18 visits with a progress per initial trial of 3 to 6 sessions recommended. Continued chiropractic treatments depend on patient's return to work and functional improvement. In this case, the treating physician has been rendering chiropractic sessions on monthly visit for 4 sessions. There is no documentation that chiropractic treatments have resulted in functional improvement. Functional improvement is defined by a significant improvement in activities of daily living, return to work, reduction use of medications, or other medical treatments. In this patient, there is no evidence that the patient's activities of daily living have significantly improved from chiropractic treatments, no evidence that the patient has any plans to return to work or lessening of work restrictions, and has not rendered reduction of other medical treatments. Review of the reports showed that the patient has been off of work at the recommendation of the treating physician. Given the lack of any functional improvement from prior chiropractic treatments the patient has received, ongoing and additional chiropractic treatments are not indicated. The request is not certified.

**4 CHIROPRACTIC EVALUATION WITH MYOFASCIAL RELEASE-1X4 WEEKS BETWEEN 9/26/2013 & 11/23/2013: 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),Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with widespread pain involving neck, thoracic, low back, upper or lower extremities, bilateral shoulders, bilateral knees. There is a request for 4 chiropractic treatments one a week for 4 weeks. Treating physician appears to provide these treatments at his own facility. Review of the reports shows that on each of the progress reports from 05/28/2013 to 09/04/2013, the treating physician is recommending 1 time a week for 4-week chiropractic treatments. MTUS Guidelines allow maximum of 18 visits with a progress per initial trial of 3 to 6 sessions recommended. Continued chiropractic treatments depend on patient's return to work and functional improvement. In this case, the treating physician has been rendering chiropractic sessions on monthly visit for 4 sessions. There is no documentation that chiropractic treatments have resulted in functional improvement. Functional improvement is defined by a significant improvement in activities of daily living, return to work, reduction use of medications, or other medical treatments. In this patient, there is no evidence that the patient's activities of daily living have significantly improved from chiropractic treatments, no evidence that the patient has any plans to return to work or lessening of work restrictions, and has not rendered reduction of other medical treatments. Review of the reports showed that the patient has been off of work at the recommendation of the treating physician. Given the lack of any functional improvement from prior chiropractic treatments the patient has received, ongoing and additional chiropractic treatments are not indicated. The request is not certified.

**1 CONTINUED USE OF IF 4 UNIT-FOR HOME USE BETWEEN 9/26/2013 & 11/23/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** This patient presents with chronic neck, low back, upper and lower extremity pains. There is a request for ongoing use of interferential unit and also for home use. Review of the reports from 05/28/2013 through 09/04/2013 shows that this patient has been recommended for interferential unit on a monthly basis. On 08/07/2013, the treater reports that the patient is "getting relief" from the use of interferential unit. However, there are no pain scales to determine whether or not this unit has been helpful. Review of these reports does not show any progress in the patient's function. In fact, there has been no reduction in recommendation of treatments. The recommendations for physical therapy, chiropractic treatments, ongoing use of interferential unit including surgery of the right knee, surgery of the left shoulder were all carried out in 2013 with a shoulder surgery on 07/01/2013 and the right knee surgery on January of 2013. On 05/28/2013, patient had an emergency room visitation due to a severe increase in pain despite all of the treatments provided on a monthly basis by this treating physician including interferential unit. MTUS Guidelines page 118 through 120 discusses interferential unit and it states that it is not recommended as an isolated intervention and that there is no quality of evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. It is not recommended unless pain is ineffectively controlled by medication, medication caused side effects, history of substance abuse, significant pain in

postoperative condition, and unresponsive to conservative measures. Based on these criteria, it would appear that interferential unit would be indicated in this patient. However, if these criteria are met, MTUS goes on to state that a 1-month trial may be appropriate. In this case, there is no evidence that this patient has had 1-month home trial of interferential unit. Patient has been treated with interferential unit through patient's physical therapy which is rendered through the treating physician's facility. Despite number of months of ongoing use of interferential unit, there is no evidence that this particular treatment has made any difference. There is a mention of patient getting a subjective relief, but this is not associated with any significant changes in the patient's activities of daily living, analgesia, or reduction in use of medication. The request is not certified.

### **1 TORADOL 60MG INJECTION BETWEEN 9/26/2013 & 11/23/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol®)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List & Adverse Effects Page(s): 70.

**Decision rationale:** This patient presents with chronic widespread pain. There is a request for Toradol IM injection. MTUS Guidelines state, "Ketorolac 10 mg; this medication is not indicated for minor or chronic painful conditions". Academic Emergency Medicine, volume 5, page 118 through 122 compared intramuscular Toradol versus oral ibuprofen in emergency room and did not see a significant difference in analgesia. Given the lack of support in MTUS Guidelines for the use Toradol, the request is not certified.

### **1 PRESCRIPTION TRAMADOL 50MG #60 BETWEEN 9/26/2013 & 11/23/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Page(s): 82.

**Decision rationale:** This patient presents with chronic neck, mid back, low back pains. There is a prescription for tramadol 50 mg #60. Despite review of numerous reports, there is not a single mention of numerical scale denoting the patient's pain and function. There are no outcome measures described as required by MTUS Guidelines. There is no discussion of analgesia, activities of daily living from the use of this medication. MTUS Guidelines require documentation of pain and function with use of medications. For chronic opiate use, more detailed documentation is required such as use of numerical scale at least every 6 months, documentation of outcome measures including current level, least pain level, average pain level, and the time it takes for medication to work, and duration of relief from use of medication. Given the lack of any of these documentations despite review of the reports from 05/28/2013 through 09/04/2013, the request is not certified.

**1 PRESCRIPTION MOTRIN 800MG #60 BETWEEN 9/26/2013 & 11/23/2013: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** This patient presents with chronic widespread pain. There is a prescription for Motrin 800 mg #60. MTUS page 22 considers NSAIDS as first-line treatment for chronic low back pain. Given this patient's chronic low back condition, the request is for certification.

**1 PRESCRIPTION OMEPRAZOLE 20MG #60 BETWEEN 9/26/2013 & 11/23/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk, NSAIDs..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk, Page(s): 69.

**Decision rationale:** This patient presents with chronic widespread pain. There is a prescription for omeprazole which the treating physician would like to use on a prophylactic basis. However, despite the review of reports from 05/28/2013 through 09/04/2013, there is not a single mention of any gastric problems. There is no documentation of GI risk assessment. MTUS Guidelines require GI risk assessment when proton pump inhibitor medications such as Prilosec is used on a prophylactic basis for chronic NSAID use. In this patient, there is no mention of gastritis, stomach discomfort from the patient's use of Motrin. Routine prophylactic use of proton pump inhibitors is not recommended without GI risk assessment. The request is not certified.