

<b>Case Number:</b>	CM13-0053307		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and transfer of care to and from various providers in various specialties. In a utilization review report dated November 13, 2013, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy, partially certified a request for eight sessions of physical therapy as six sessions of physical therapy, denied a TENS unit 60-day, and denied 12 sessions of acupuncture. The now-outdated 2007 Acupuncture Guidelines were cited (misnumbered and mislabeled). The claims administrator stated that the applicant had completed somewhere between 10 and 21 prior sessions of chiropractic manipulative therapy. Overall rationale was extremely sparse. The claims administrator did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In a progress note dated November 22, 2013, the applicant was described as reporting 7/10 neck and low back pain. The applicant also reported worsening shoulder pain. Cervical range of motion was limited and lumbar range of motion was reportedly unchanged. The applicant was asked to pursue additional chiropractic manipulative therapy and physical therapy while beginning acupuncture. The applicant was asked to continue usage of a TENS unit, and find that the applicant had previously used the TENS unit. The applicant was described as off of work with a 30-pound lifting limitation in place. The attending provider stated that the modified duty work was not available and that the applicant was therefore not working as a result. In an earlier progress note of September 16, 2013, it was stated that the attending provider had a lengthy conversation with the applicant about disability status, implying that the applicant was not working.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **TWELVE (12) CHIROPRACTIC TREATMENT SESSIONS FOR CERVICAL & LUMBAR SPINE ,: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation topic. MTUS 9792.20f Page(s): 58-60.

**Decision rationale:** While pages 58, 59, and 60 support anywhere from 18 to 24 sessions of chiropractic manipulative therapy in applicants who achieve or demonstrate objective evidence of treatment successful by achieving and/or maintaining successful return to work status. In this case, however, the applicant is seemingly off of work. There is no evidence that earlier chiropractic manipulative therapy has achieved any lasting gains in terms of work status or other functional improvement parameters established in MTUS Definitions. Therefore, the request for 12 sessions of chiropractic manipulative therapy is not medically necessary.

### **EIGHT (8) PHYSICAL THERAPY SESSIONS FOR CERVICAL SPINE.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; MTUS 9792.20f Page(s): 99, 8.

**Decision rationale:** While the eight-session course of treatment proposed is consistent with the 8- to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so to justify continued treatment. In this case, however, there has been not clear or compelling demonstration of functional improvement with physical therapy treatment of unspecified amounts. The applicant does not appear to working. The applicant remains highly reliant and highly dependent on various modalities, including manipulative therapy, physical therapy, and acupuncture. All of the above, taken together, imply a lack of functional improvement as defined in MTUS Definitions despite completion of earlier physical therapy in unspecified amounts. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.

### **TWELVE (12) ACUPUNCTURE TRIAL SESSIONS FOR CERVICAL AND LUMBAR SPINE.: Upheld**

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

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

**Decision rationale:** Based on the attending provider's comments, this represents a first-time request for acupuncture. However, as noted in MTUS Acupuncture Medical Treatment Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request, as written, thus, represents treatment at rate 2 to 3 times MTUS parameters. No rationale is provided for treatment at a rate, frequency, and overall amount 2 to 3 times MTUS parameters. Therefore, the request is not medically necessary.

**TENS UNIT TRIAL FOR 60 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of a TENS unit is recommended in applicants with chronic intractable pain of greater than three months' duration, which is further recalcitrant to other pain modalities, including pain medications. In this case, the attending provider has seemingly sought authorization for a 60-day trial, i.e., a trial two times MTUS parameters. No rationale for a variance from the guideline was proffered by the attending provider. Therefore, the request is not medically necessary.