

<b>Case Number:</b>	CM14-0010390		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 is a patient with a date of injury of 5/2/13. A utilization review determination dated 1/6/14 recommends non-certification of acupuncture, chiropractic, lumbar spinal decompression therapy, and referral to ortho surgeon, pain management, and podiatry. It references prior treatment with chiropractic and acupuncture. 12/17/13 medical report identifies pain in the lumbar spine, left wrist, bilateral knees, bilateral ankles, depression, anxiety, and irritability. On exam, there is decreased lumbar ROM with tenderness, muscle spasm, positive Kemp's bilaterally, SLR positive bilaterally, left wrist tenderness with positive Phalen's, bilateral knee decreased ROM with tenderness and positive McMurray's, bilateral ankle tenderness, and positive left ankle inversion test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TWO TIMES FOR FOUR 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 Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic two times for four weeks, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it appears that prior chiropractic treatment has been utilized, but there is no evidence of objective functional improvement. In the event that this is an initial request for chiropractic treatment, there is, unfortunately, no provision for modification of the current request to the 6 initial sessions supported by the CA MTUS. In light of the above issues, the currently requested chiropractic two times for four weeks is not medically necessary.

**PODIATRY CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, Chapter 7, Independent Medical Examinations And Consultations.

**Decision rationale:** Regarding the request for podiatry consult, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no clear documentation of symptoms/findings for which this consultation would be indicated or a rationale identifying the medical necessity of consultation and failure of initial conservative management within the treating provider's scope of practice. In light of the above issues, the currently requested podiatry consult is not medically necessary.

**ACUPUNCTURE EIGHT VISITS:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture eight visits, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that prior acupuncture has been utilized, but there is no evidence of functional improvement as defined above. In the

event that this is an initial request for acupuncture, there is, unfortunately, no provision for modification of the current request to the 6 initial sessions supported by the CA MTUS. In light of the above issues, the currently requested acupuncture eight visits is not medically necessary.

**LUMBAR SPINAL DECOMPRESSION THERAPY TWELVE SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Regarding the request for LUMBAR SPINAL DECOMPRESSION THERAPY TWELVE SESSIONS, California MTUS cites that, because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In light of the above issues, the currently requested LUMBAR SPINAL DECOMPRESSION THERAPY TWELVE SESSIONS is not medically necessary.

**ORTHOPEDIC SURGEON REFERRAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for ORTHOPEDIC SURGEON REFERRAL, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no clear documentation of symptoms/findings for which this consultation would be indicated or a rationale identifying the medical necessity of consultation and failure of initial conservative management within the treating provider's scope of practice. In light of the above issues, the currently requested ORTHOPEDIC SURGEON REFERRAL is not medically necessary.

**PAIN MANAGEMENT REFERRAL;:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for pain management referral, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no clear documentation of symptoms/findings for which this consultation would be indicated or a rationale identifying the medical necessity of consultation and failure of initial conservative management within the treating provider's scope of practice. In light of the above issues, the currently requested pain management referral is not medically necessary.