

<b>Case Number:</b>	CM14-0011521		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/15/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Orthopedic Surgery, and is licensed to practice in Arizona. 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 56-year-old male who alleges cumulative trauma while working as a mechanic between 1/1/1993 and 1/15/2011. On a 5/30/2013 examination, the patient states he noticed pain in his hands, wrists and arms. He hurt his back while lifting a tire and felt pain in the left side of his lower back. He notices pain in both calves and both heels while doing mechanic's work. The patient has been treated conservatively with medication, chiropractic therapy, and acupuncture. On that examination the patient complained of constant neck pain with radiation into both arms, bilateral forearm pain, lower back pain which radiates into his left leg which is increased with walking, standing and sitting. He also complains of bilateral wrist pain, right elbow pain and difficulty sleeping. The patient had upper extremity electromyography and nerve conduction studies on 5/22/2013 which showed no abnormality. After this examination the patient continued to be treated with chiropractic treatment, medications, physical therapy, and acupuncture. From May until the end of December of 2013, the medical record reflect that the patient had 48 physical therapy visits, the same amount of chiropractic visits and 16 acupuncture treatments. The patient also had referrals to pain management and in December 2013, the patient had a repeat electromyography (EMG) and nerve conduction studies of the upper and lower extremity which was read as abnormal reflecting moderate carpal tunnel syndrome bilaterally and lumbar radiculopathy. In December a request was made for 8 additional chiropractic sessions, 8 additional physical therapy sessions, and for acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic sessions, #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 Treatment Guidelines manual therapy Page(s): 58-59.

**Decision rationale:** Chiropractic treatment refers to manual therapy and manipulation and according to the chronic pain guidelines is recommended as an option for low back pain. A trial of 6 visits over 2 weeks with evidence of objective functional improvement for a total of 18 sessions over 6-8 weeks can be given. There is no documentation in the record what body parts were involved with chiropractic treatment. It is not recommended for carpal tunnel syndrome, for wrist, forearm, or hand problems. It is not recommended for knee problems. In addition, objective functional improvement has to be documented. The maximum duration recommended is 8 weeks. If there is documentation of decreasing pain and improved quality of life then continued treatment may be indicated at the rate of 1 treatment every other week. This patient had approximately 48 chiropractic treatments. There is no documentation of any objective functional improvement with chiropractic treatment. Therefore, the medical necessity for a continuation of chiropractic treatment has not been established.

### **Pain management referral: 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 functional restoration program, chronic pain programs Page(s): 49, 30.

**Decision rationale:** Chronic pain programs are recommended. These are usually interdisciplinary pain programs which emphasized the importance of function over the elimination of pain. They incorporate components of exercise progression with disability management and psychosocial intervention. With a pain management referral, one would expect a complete diagnostic assessment with a detailed treatment plan on how to address the physiological, psychological and sociological components that are considered components of the patient's pain. This patient has had an evaluation by a pain management physician and has several follow-up visits. These physicians are basically managing the medication and rubber stamping the continued physical therapy, chiropractic therapy and acupuncture therapy. There is no documentation of any functional restoration program nor is there any documentation that there is any functional improvement on the part of the patient. There is no psychological evaluation of the patient nor is there any evidence that the patient is motivated to improve. Therefore, the medical necessity for continued pain management referrals has not been established.

### **Acupuncture sessions, #4: Upheld**

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

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

**Decision rationale:** The ACOEM guidelines for acupuncture state it takes approximately 3-6 treatments to produce functional improvement. The frequency is 1-3 times a week and the optimum duration is 1-2 months. Acupuncture treatment may be extended as functional improvement as documented. Medical record shows that the patient had approximately 16 treatments of acupuncture from April to December. There is no documentation at all as to whether the patient had any functional improvement from these treatments. Without this documentation, the medical necessity for continued acupuncture treatment has not been established.

**Physical therapy sessions, #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 Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The chronic pain guidelines recommend active physical therapy with passive therapy use sparingly. The patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient received 48 physical therapy sessions between April and December. Almost all the therapy during the sessions was passive modalities. There is no indication that the patient was engaged in a home program of active therapy. There is no documentation whether there is any functional improvement with the physical therapy. Therefore, the medical necessity of continuing with this type of physical therapy has not been established.