MAXIMUS Federal Services

Case Number:	CM14-0163351		
Date Assigned:	10/08/2014	Date of Injury:	10/27/2011
Decision Date:	12/26/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 October 27, 2011.Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; earlier lumbar spine surgery; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of manipulative therapy over the course of the claim; and extensive periods of time off of work.In a Utilization Review Report dated September 17, 2014, the claims administrator failed to approve request for manipulative therapy, physical therapy, and acupuncture. The claims administrator stated that the applicant had had previous physical therapy, manipulative therapy, and acupuncture in unspecified amounts over the course of the claim.The applicant's attorney subsequently appealed.In October 15, 2014 progress note, the applicant reported highly variable 2 to 9/10 multifocal neck, midback, low back, upper back, and bilateral shoulder pain.The treating provider acknowledged that the applicant had received unspecified amounts of acupuncture, including as recently as June 25, 2014. The applicant's medications list was not clearly stated, although the requesting provider posited that the applicant had failed various medications over the years, including Motrin, Celebrex, Neurontin, Medrol, Percocet, Norco, Flexeril, Soma, Zanaflex, Elavil, melatonin, Lunesta, and Ambien. The applicant also received multiple lumbar and cervical epidural steroid injections over the course of the claim. Acupuncture had reportedly been helpful, it was stated. The applicant was still using Neurontin, Skelaxin, and Percocet, it was acknowledged. Trigger point injection therapy, acupuncture, physical therapy, and manipulative therapy were all sought. The applicant was asked to continue permanent work restrictions previously imposed by an agreed medical evaluator.On July 15, 2013, the medical-legal evaluator noted that the applicant had been off of

work, on total temporary disability, for large portions of the claim, and that the applicant had had a poor outcome following earlier cervical and lumbar spine surgeries. A 53% whole person impairment was imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine and lumbar spine chiropractic therapy 2x/week for 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59-60.

Decision rationale: The request in question does represent an extension of chiropractic manipulative therapy while pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrated treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work. The applicant is not working with permanent limitations imposed by a medical-legal evaluator. Continued chiropractic manipulative therapy cannot be endorsed, given the applicant's poor response to earlier treatment. Therefore, the request is not medically necessary.

Cervical spine and lumbar spine physical therapy 2 times a week for 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Approach to Chronic Management section Page(s): 8, 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, 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 in order to justify continued treatment. Here, however, applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains dependent on medications such as Neurontin, Skelaxin, and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite extensive prior physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Cervical spine and lumbar spine acupuncture therapy 2 times a week for 1 month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had prior unspecified amounts of acupuncture over the course of the claim, including most recently in June 2014. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no such demonstration of function improvement as defined in section 9792.20f. The applicant remains off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains dependent on various analgesic and adjuvant medications such as Neurontin, Skelaxin, and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.