

Case Number:	CM14-0183756		
Date Assigned:	11/10/2014	Date of Injury:	10/27/2011
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 injured worker is a represented employee who has filed a claim for chronic neck and low back pain reported associated with an industrial injury of October 27, 2001. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical disk replacement surgery; earlier lumbar hybrid arthroplasty; lumbar epidural steroid injection therapy; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of manipulative therapy over the course of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator failed to approve a request for eight sessions of chiropractic manipulative therapy, eight sessions of physical therapy, and eight sessions acupuncture. The injured worker's attorney subsequently appealed. In an October 15, 2014 progress note, the injured worker reported multifocal complaints of neck and low back pain. Limited range of motion about the same was appreciated on exam. The injured worker was described as experiencing continued difficulty performing activities of daily living as basic as getting up out of a chair, getting up out of bed, brushing her hair, cleaning, sitting, standing, and lifting. It was stated that the injured worker had been treated with Motrin, Celebrex, Neurontin, Medrol, Percocet, Norco, Flexeril, Soma, Zanaflex, Elavil, Ambien, Lunesta, a TENS unit, and various braces. Acupuncture, physical therapy, manipulative therapy, and trigger point injection therapy were sought. The injured worker's work status was not clearly stated, although it did not appear that the injured worker was working with previously imposed permanent work restrictions. In a June 16, 2013 Medical-legal Evaluation, the injured worker was given a 53% whole-person impairment rating. It was acknowledged that the injured worker had "remained totally and temporarily disabled" following failed lumbar and cervical spine surgeries. The claims administrator's Utilization Review Report did allude to the injured worker's having had manipulative therapy at various points in time,

including on August 4, 2014, August 1, 2014, July 28, 2014, July 21, 2014, July 24, 2014, July 18, 2014, July 15, 2014, and July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 times a week for 4 weeks (cervical spine): 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): 59-60.

Decision rationale: The injured worker has had prior unspecified amounts of manipulative treatment over the course of the claim, including extensive treatment in 2014 alone. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in injured workers who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case; however, the injured worker is off of work. The injured worker has failed to evince any substantive benefit with earlier chiropractic manipulative therapy. Therefore, the request is not medically necessary.

Physical Therapy 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support 8-10 sessions of physical therapy for radiculitis, the diagnosis reportedly present here, this recommendations; 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 milestone in the treatment program in order to justify continued treatment. Here, however, the injured worker is off of work. The injured worker remains dependent on various opioid and non-opioid agents, including Percocet, Norco, Elavil, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Acupuncture 2 times a week for 4 weeks (lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a.3 do acknowledge that acupuncture can be employed in the chronic pain context present here. However, this recommendation is qualified by commentary in MTUS 9792.24.1.c.1 that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request for eight sessions of acupuncture exceeds the MTUS principals and parameters. Therefore, the request is not medically necessary.