

<b>Case Number:</b>	CM14-0021670		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 pain syndrome, chronic low back pain, chronic mid back pain, neck pain, depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounded drugs; unspecified amounts of chiropractic manipulative therapy; electrodiagnostic testing of March 12, 2013, notable for a C7 radiculopathy and bilateral carpal median neuropathy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report of February 10, 2014, the claims administrator denied a request for eight sessions of acupuncture on the grounds that the applicant had had four earlier sessions of acupuncture which were not beneficial. The claims administrator denied a request for additional physical therapy, citing non-MTUS ODG Guidelines, stating that the attending provider had not detailed how much prior physical therapy the applicant had had over the course of the claim. Followup visits with an orthopedic surgeon and pain management specialist were apparently approved. Localized intense neurostimulation therapy was denied, as was referral to a psychologist. The note was several pages long and somewhat difficult to follow. The applicant's attorney subsequently appealed. A November 18, 2013 progress note is notable for comments that the applicant reported persistent complaints of pain, multifocal. The applicant was not working, it was acknowledged. The applicant was asked to pursue manipulative therapy, acupuncture, medications, and physical therapy previously prescribed. In a progress note of October 15, 2013, the applicant was placed off of work, on total temporary disability. Multiple earlier notes interspersed throughout 2013 were notable for comments that the applicant was off of work. On September 11, 2013, the applicant was described as using Vicodin, Flexeril, and

Neurontin for pain relief. On December 6, 2013, the applicant was described as using Flexeril, omeprazole, hydrocodone, Neurontin, and several dietary supplements. The applicant was reportedly depressed it was suggested. In a note dated January 29, 2014, the applicant was given refills of Vicodin, Flexeril, omeprazole, Prilosec, and various topical compounded drugs.

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

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

#### **Acupuncture sessions, 2 X 4: 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 at least four sessions surrounding the date of the request, per the claims administrator. As noted in the MTUS Guidelines, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, there is no such evidence of functional improvement. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various other forms of medical treatment, including interventional spine procedures involving the cervical spine and opioid agents, including Norco. All of the above, taken together, imply that earlier acupuncture was unsuccessful and further imply lack of functional improvement as defined in MTUS Guidelines following completion of the same. Therefore, the request is not medically necessary.

#### **Localized intense neurostimulation therapy, 1 X 6: 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 Percutaneous Neuromodulation Therapy topic., Physical Medicine topic. Page(s): 98; 98-99.

**Decision rationale:** Localized intense neurostimulation therapy represents a form of percutaneous neuromodulation therapy (PNT), which, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines is deemed "not recommended." It is further noted that pages 99 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasized active therapy and active modalities during the chronic pain phase of an injury. No compelling rationale for a variance from the guidelines is provided here. No applicant-specific information or medical evidence was attached so as to offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.

#### **Physical therapy, 2 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.Pain Outcomes and Endpoints.Pain Outcomes and Endpoints.Pain Outcomes and Endpoints.Pain Outcomes and Endpoints.Pain Outcomes and Endpoints Page(s): 99; 8.

**Decision rationale:** While page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does support 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by comments made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which note that demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has had prior unspecified amounts of treatment over the course of the claim. The applicant has failed to demonstrate any functional improvement throughout the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various medications, including opioid agents such as Vicodin. All of the above, taken together, imply a lack of functional improvement as defined in MTUS Chronic Pain Medical Treatment Guidelines, despite earlier completion of unspecified amounts of physical therapy over the course of the claim. Therefore, the request for eight additional sessions of physical therapy is not medically necessary.

**Referral to a psychologist (depression & sleep studies):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation ODG-TWC Office Visits - Evaluation and Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, if symptoms become "disabling" despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated. In this case, the applicant's mental health symptoms have in fact become disabling. The applicant is off of work. Obtaining the added expertise of a physician specializing in psychiatric/mental health issues is therefore, indicated, appropriate, and supported by ACOEM. Accordingly, the original utilization review decision is overturned. The request is medically necessary.