

Case Number:	CM14-0024011		
Date Assigned:	06/11/2014	Date of Injury:	05/25/2012
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in California and Minnesota. 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 51-year-old female with a reported date of injury on 05/25/2014. The injury reportedly occurred when lifting heavy boxes, while performing her duties as a pharmaceutical technician. The injured worker complained of low back pain rated at 8/10 without medication and 7/10 with medication. In addition, the injured worker presented with left wrist/thumb pain rated at 6-7/10 without medication and 6/10 with medication. Upon physical examination, the physician indicated the injured worker's cervical and thoracic spine range of motion presented as full range of motion in all planes. Upon physical examination, the lumbar spine presented with tenderness and myospasm over the bilateral paralumbar muscles. The MRI dated 12/11/2012 revealed disc desiccation at L5-S1 level. In addition, there was noted diffuse disc protrusion at L3-4, L4-5, and L5-S1. The physician indicated the MRI did not visualize significant impingement of exiting nerve roots. The injured worker's diagnosis included lumbar myospasm, lumbar radiculopathy, lumbar spine sprain/strain, wrist sprain/strain, radial styloid tenosynovitis, insomnia, anxiety, and depression. The injured worker's medication regimen included Hydrocodone, Anaprox, Cyclobenzaprine, Alprazolam, Pantoprazole, and NSAIDs. The Request for Authorization for chiropractic treatment two (2) to three (3) times a week for four (4) to six (6) weeks, physical therapy for two (2) to three (3) times a week for four (4) to six (6) weeks, acupuncture treatment two (2) to three (3) times a week for four (4) to six (6) weeks, and EMG of the lower extremities and lumbosacral paraspinal muscles was submitted on 02/20/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TWO (2) TO THREE (3) TIMES A WEEK FOR FOUR (4) TO SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, page(s) 58 Page(s): 58.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable findings in functional improvement that facilitates progression in the person's therapeutic exercise program and return to productive activities. Chiropractic therapy for the low back is recommended at a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 weeks. The clinical information provided for review lacks documentation of the injured worker's functional deficits. In addition, chiropractic therapy is not recommended for ankle and foot, carpal tunnel syndrome, forearm, wrist and hand, or the knee. The request as submitted failed to provide the specific site at which the chiropractic treatment was to be utilized. In addition, the low back chiropractic treatment is recommended at trial visits 6 visits over 2 weeks, with evidence objective functional improvement. The request for an additional potential 18 visits exceeds the recommended guidelines. Therefore, the request for chiropractic two (2) to three (3) times a week for four (4) to six (6) weeks is not medically necessary and appropriate.

PHYSICAL THERAPY TWO (2) TO THREE (3) TIMES A WEEK FOR FOUR (4) TO SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS guidelines state physical therapy is recommended as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. In addition, the guidelines recommend 8 to 10 visits over 4 weeks. The documentation provided for review lacks documentation related to the specific goal for physical therapy being requested. In addition, there is a lack of documentation related to utilization of previous physical therapy. The clinical information provided for review lacks documentation of the injured worker's functional deficits, to include range of motion values. In addition, the guidelines recommend 8 to 10 visits

over 14 weeks. The request is for a potential of 18 visits physical therapy visits, which exceeds the recommended guidelines. Therefore, the request for physical therapy two (2) to three (3) times a week for four (4) to six (6) weeks is not medically necessary and appropriate.

ACUPUNCTURE TREATMENT TWO (2) TO THREE (3) TIMES FOR FOUR (4) TO SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, the guidelines state that the time to functional improvement is 3 to 6 treatments, with the frequency of 1 to 3 times a week, an optimum duration of 1 to 2 months. The clinical information provided for review lacks documentation of the injured worker's functional deficits, to include the injured worker's range of motion values. In addition, the guidelines recommend time to produce functional improvement is 3 to 6 treatments. The request for a potential of 18 acupuncture visits exceeds the recommended guidelines. In addition, the request as submitted failed to provide the specific site at which the acupuncture treatments were to be utilized. Therefore, the request for acupuncture treatment two (2) to three (3) times a week for four (4) to six (6) weeks is not medically necessary and appropriate.

EMG OF THE LOWER EXTREMITIES AND LUMBOSACRAL PARASPINAL MUSCLES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Electromyography may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. According to the MRI dated 07/11/2012, disc desiccation was noted at L5-S1, as well as diffuse disc protrusion at L3-4, L4-5, and L5-S1. In addition, the physician indicated that there was no significant impingement of exiting nerve roots. There was a lack of documentation related to the injured worker's functional deficits, to include range of motion values, and objective clinical findings of radiculopathy. There is a lack of unequivocal objective findings that identify specific nerve compromise on physical exam. Therefore, the request for EMG of the lower extremities of the lumbosacral paraspinal muscles is not medically and appropriate.

