

Case Number:	CM14-0025760		
Date Assigned:	06/27/2014	Date of Injury:	10/30/2013
Decision Date:	08/20/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 low back and neck pain reportedly associated with an industrial injury of October 30, 2013. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy, 12 sessions of acupuncture, and range of motion and muscle testing. The claims administrator based his denial on the fact that it was not said how much acupuncture the applicant had had to date. The claims administrator stated that it was likewise unclear how much prior manipulative treatment the applicant had had. The claim's administrator used non-MTUS ODG Guidelines to base his denial for the range of motion testing. The applicant's attorney subsequently appealed. In a progress note June 23, 2014, the applicant presented with persistent complaints of severe neck, upper back, low back, and bilateral heel pain with associated paresthesias of the upper and lower extremities. The applicant did report diminished complaints of anxiety, depression, and insomnia, it was further noted. A rather proscriptive 20-pound lifting limitation was endorsed. It was suggested that the applicant's employer was unable to accommodate the limitations and that she was therefore off of work. In a handwritten progress note of April 16, 2014, the applicant was placed off of work, on total disability. The attending provider nevertheless stated that the applicant was demonstrating some improvement with treatment. On January 16, 2014, the applicant was asked to obtain 12 sessions of chiropractic manipulative therapy, 12 sessions of acupuncture, and computerized range of motion and muscle strength testing. A TENS unit and a heating and cooling unit were also endorsed. Naprosyn and transdermal compounds were sought. The applicant was placed off of work, on total disability. The applicant did present with multifocal neck, upper back, lower back, bilateral heel pain, and derivative complaints of psychological stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x per week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The 12-session course of manipulative treatment proposed, in and of itself, represents treatment in excess of the four to six treatments deemed necessary to produce effect on page 58 of the MTUS Chronic Medical Treatment Guidelines. No rationale for treatment at a rate two to three times MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

Acupuncture 2 x per week x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1, Acupuncture Medical Treatment Guidelines.

Decision rationale: The 12-session course of acupuncture, in and of itself, represents treatment two to three times the three- to six-session course deemed necessary to produce functional improvement following introduction of the same, per MTUS. No rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

Range of motion and muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Forearm, Wrist and Hand Procedure Summary last updated 5/8/2013; ODG-TWC Knee and Leg Procedure Summary last updated 1/9/2013; ODG-TWC Low Back Procedure Summary last updated 12/27/2013; AMA Guides to the Evaluation of Permanent Impairment, 5th ed. pg. 400; Analysis of spine motion variability using a computerized goniometer compared to physical examination, a prospective clinical study. Dopf, CA, Mandel, SS, Geiger, DF, Mayer, PJ, Spine.1995 Jan 15;20(2):252-3.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 93,293.

Decision rationale: The applicant's primary pain generators are the neck and low back. However, as noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, page 293 and the MTUS-Adopted ACOEM Guidelines in Chapter 8, 170, range of motion measurements of the neck, upper back, and lower back are of limited value owing to marked variation amongst the applicants with and without symptoms. ACOEM Chapter 8, pages 170 and 171 and ACOEM Chapter 12, page 293 both recommend that an attending provider test for muscle strength as part and parcel of regional neck and back examination. There is, thus, no support in ACOEM for the more formal computerized muscle strength testing being sought by the attending provider. No applicant-specific rationale for range of motion and/or muscle testing was provided so as to offset the unfavorable ACOEM recommendations. Therefore, the request for range of motion and muscle testing is not medically necessary.