

<b>Case Number:</b>	CM14-0028684		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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, hand, and knee pain reportedly associated with an industrial injury of June 19, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated February 10, 2014, the claims administrator approved a request for exercise of the bilateral wrists, bilateral hands, right knee, and neck while denying traction, electrical stimulation, infrared therapy, myofascial release therapy, manipulative therapy, a lumbar support, an orthopedic consultation, lumbar MRI, cervical MRI, a TENS unit purchase, thoracic spine x-ray, and a lumbar spine x ray. The claims administrator invoked a number of non-MTUS Guidelines, including non-MTUS ODG Guidelines for plain film imaging, non-MTUS ODG Guidelines on massage, and non-MTUS ODG Guidelines on chiropractic manipulative therapy. These non-MTUS Guidelines were seemingly invoked without regard to the fact that the MTUS addressed almost all of the issues at hand. The applicant's attorney subsequently appealed. In a progress note dated February 3, 2014, the applicant apparently presented with multifocal shoulder, wrist, hand, neck, upper back, lower back, and knee pain, multifocal, ranges from 8-10/10. The applicant also had issues with depression, anxiety, and psychological stress, reportedly attributed to the industrial injury and to associate loss of employment. The applicant is using Naprosyn for pain relief. Tenderness was noted about the bilateral shoulders with 100 degrees flexion and abduction about each shoulder appreciated. Some signs of impingement were noted. The applicant had well-preserved sensorium noted in some regions of the upper and lower extremities with diminished sensorium noted in other regions of the upper and lower extremities. MRI imaging of the cervical spine, lumbar spine, work restrictions, an orthopedic evaluation, a TENS unit, and various other

treatment modalities were sought. It was acknowledged that the applicant's employee was unable to accommodate these provided limitations and that the applicant no longer had job to return to. On March 3, 2014, the applicant again presented with multifocal wrist, shoulder, hand, neck, upper back, lower back, and knee pain, exacerbated by activities such as lifting, reaching, carrying, and cold weather. The applicant is on Naprosyn for pain relief. The applicant reported pain-induced insomnia, it was further noted. The applicant was described as no longer working. The applicant's most recent primary treating provider, a chiropractor, did not state what treatment or treatments the applicant had had through that point in time. The applicant apparently transferred care to the new primary treating provider on January 20, 2014, at which point it was acknowledged that the applicant had alleged multifocal body pain secondary to cumulative trauma at work from repetitive serving of meals. A lumbar support, traction, manipulative therapy, electrical stimulation, chiropractic treatment, and acupuncture were all endorsed. It was not clearly stated how much prior manipulative treatment and/or massage therapy the applicant had had over the course of the claim.

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

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

**X-ray lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines - low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, routine usage of x-ray in the absence of red flag signs or symptoms is not recommended. In this case, no rationale for performance of lumbar x-rays were proffered by the attending provider. Therefore, the request is not medically necessary.

**X-ray thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, routine usage of radiography in the absence of red flag signs and symptoms is not recommended. In this case, as with the request for lumbar plain film imaging, the attending sought authorization for x-ray of the numerous body parts without any compelling indication for the same. There was no clearly voiced suspicion of fracture, tumor, infection, or other red flag

diagnosis for which plain film imaging of thoracic spine would have been indicated. Therefore, the request is not medically necessary.

**Mechanical traction 2 x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines - low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 308.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, and the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction is deemed not recommended. No rationale for selection of this particular modality in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

**Electrical stimulation 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

**Decision rationale:** As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, self-directed home physical medicine, and home exercises are recommended during the chronic pain phase of an injury as opposed to continued reliance and continued dependence on passive modalities such as electrical stimulation. No rationale for selection of the electrical stimulation in the face of the unfavorable MTUS position on the same during the chronic pain phase on an injury was proffered by the applicant's new primary treating provider. Therefore, the request is not medically necessary.

**Infrared therapy 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Level Laser Therapy, Physical Medicine Page(s): 57, 98.

**Decision rationale:** As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low level laser therapy, a form of near-infrared laser therapy, is deemed not recommended during the chronic pain phase of an injury. As with the request for electrical stimulation, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further

emphasizes the importance of active therapy, active modalities, self-directed home physical medicine during the chronic pain phase of an injury as opposed to continued reliance on passive modalities such as the infrared therapy at issue here. No rationale for selection of infrared therapy in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

**Myofacial Release 2 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. In this case, however, there was no indication that the attending provider and/or applicant intended to employ the myofascial therapy in question as an adjunct of exercise therapy and/or home exercises. Rather, it appeared that the primary treating provider intended to employ myofascial release therapy/massage therapy in conjunction with several other passive modalities, including low level laser therapy, manipulative therapy, electrical stimulation, etc. This is not indicated, per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, which tepidly endorses massage treatment only to the extent that it can facilitate other recommended treatments, such as exercise. Therefore, the request is not medically necessary.

**Chiropractic Manipulation therapy 2 x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58, 98-99.

**Decision rationale:** While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a trial of six visits of manipulative therapy for applicants with chronic low back pain, in this case, however, the applicant's new primary treating provider did not clearly state how much prior manipulative treatment the applicant had had to date. The applicant's new primary treating provider, a chiropractor, did not provide any summary of what treatment or treatments the applicant had had before transferring to his care. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines recommend active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of an injury as opposed to continued reliance on passive therapy and passive modalities such as are being sought here. The attending provider's pursuit of six sessions of chiropractic manipulative therapy, in conjunction with concurrent request for traction, electrical stimulation,

infrared therapy, myofascial release therapy, etc., thus, runs counter to MTUS parameters and principles. Therefore, the request is not medically necessary.

**Soft Lumbar brace - prophylactic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines - low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 298, there is no evidence of the effectiveness of lumbar supports in preventing back pain in industry. Similarly, the MTUS Guideline in ACOEM Chapter 1, page 9 also states that usage of lumbar support/back belts for prophylactic purposes should be avoided as they have been shown to have little or no benefit and provided only a false sense of security. No rationale for provision of the lumbar brace/lumbar support for prophylactic purposes in the face of the unfavorable ACOEM position on the same was proffered by the treating provider. Therefore, the request is not medically necessary.

**Orthopedic Consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines - low back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has chronic multifocal pain complaints. The applicant is off of work. The applicant's pain complaints have seemingly proven recalcitrant to time, medications, observation, etc. Obtaining the added expertise of a physician in another specialty, such as orthopedics, is therefore indicated. Accordingly, the request is medically necessary.

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant does not have any clear history or physical finding suggestive of nerve root compromise associated with the cervical spine or bilateral upper extremities. The applicant's history of multifocal body pain which apparently includes the neck, mid back, low back, shoulder, arm, hand, wrist, knee, etc., effectively argues against any focal neurologic compromise associated with the cervical spine. There is no evidence that the applicant is actively considering or contemplating cervical spine surgery. Therefore, the request is not medically necessary.

**MRI Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant's multifocal pain complaints and allegations of pain secondary to cumulative trauma suggested the applicant is not, in fact, actively considering a surgical remedy involving the lumbar spine. Therefore, the request is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of and/or purchase of a TENS unit beyond one-month trial of the same should be predicated on evidence of a favorable outcome in terms of both pain relief and function during said one-month trial. In this case, however, the attending provider seemingly sought authorization for the TENS unit purchase without a prior successful one-month trial of the same. Accordingly, the request is not medically necessary.