

<b>Case Number:</b>	CM14-0029237		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 & Rehabilitation, 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 36-year-old male with a reported injury on 11/18/2013. The mechanism of injury was described as a lifting injury. The clinical note dated 04/16/2014 reported that the injured worker complained of lower back, right lower extremity, and knee pain. The physical examination revealed the injured worker's lumbar spine range of motion demonstrated forward flexion to 60 degrees, extension to 25 degrees, lateral bending to 25 degrees to the right and left. It was reported that the injured worker had muscle spasms from the L2 to L5, it was greater on the right. Facet loading was positive to the right, straight leg raise was negative. MRI of the lumbar spine dated 02/06/2014 revealed posterior disc bulges of 4 mm at L3-4 and 2 to 3 mm each at L4-5 and L5-S1. The injured worker's diagnoses included lumbar degenerative disc disease with disc bulging at L3-4 of 4 mm, L4-5 of 2 to 3 mm, L5-S1 of 2 to 3 mm; lumbar facet arthropathy, L4-5, L5-S1, more on the right; and rule out lumbar radiculopathy. The injured worker's prescribed medication list included naproxen, Flexeril, and tramadol ER. The provider requested chiropractic manipulation, functional restoration/work hardening/work conditioning, orthopedic support, MRA, electrodiagnostic studies, medical pain management, and acupuncture. The rationales for the requested treatments were not provided within the clinical documentation. The request for authorization was not submitted in clinical paperwork. The injured worker's prior treatments included acupuncture with a date of examination on 05/28/2014 and physical therapy with the first note to review dated 12/10/2013 and most recent physical therapy note dated 01/14/2014. The physical therapy noted dated 01/14/2014 reported that the injured worker verbalized feeling better with pain graded at 2/10 to his low back. It was also reported that injured worker was independent, no requiring help, and able to perform all of his exercises without hesitation, guarding, irritability, or fatigue. The injured worker's prior treatments also included chiropractic therapy. Chiropractic note 01/30/2014, reported that the injured worker

had initial chiropractic evaluation and examination. The amount of chiropractic sessions the injured worker has had was not available for review within clinical documentation.

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

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

#### **Chiropractic manipulation (duration unspecified), qty: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p Page(s): age 58.

**Decision rationale:** The request for chiropractic manipulation (duration unspecified) quantity 2, is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for chiropractic manipulation was not provided within clinical documentation. The CA MTUS guidelines recommend manual therapy for chronic pain if 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 gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is noted that the injured worker has had a chiropractic evaluation and examination; however, there is a lack of clinical documentation indicating the amount of chiropractic sessions the injured worker has had. Furthermore, the requesting provider did not specify the duration of the chiropractic sessions being requested. As such, the request is not medically necessary.

#### **Functional Restoration/Work Hardening/Work Conditioning: 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 Chronic pain programs (functional restoration programs), & Work conditioning, work hardening Page(s): page 30; page 125.

**Decision rationale:** The request for functional restoration/work hardening/work conditioning is not medically necessary. The injured worker complained of low back pain. The treating physician did not indicate rationale for request. The CA MTUS guidelines recommend functional restoration program where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. The CA MTUS guidelines recommend a work conditioning, work hardening as an option, depending on the availability of quality programs. Work injuries with conditions of

musculoskeletal functional limitations that hinder the injured worker's ability to safely do the demands of their current job, can be considered for a work hardening program. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). Work hardening programs begin consideration after treatment with physical or occupational therapy with improvement followed by plateau. Also, if the injured worker would no longer benefit from continued PT/OT, or general conditioning. The injured worker must be physically and medically stable for a progressive reactivation and participation in a work hardening program. The injured worker must be able to participate for a minimum of 4 hours a day for 3 days to 5 days a week. A defined goal documented and agreed upon by both, the employee and employer. The document must be specific to the injured worker's job demands, the requirements that exceed the injured worker's abilities, and/or on-the-job-training documentation. The injured worker must be able to benefit from the program by improving functionally and psychologically. The worker must be screened, to include: review, interview, and tested to determine the likelihood of success; prior to approval in a work hardening program. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. There is a lack of clinical information indicating that the injured worker has a condition that would put them at risk of delayed recovery. There is a lack of clinical documentation indicating that the injured worker is motivated to return to work. The Functional Capacity Evaluation, required for work hardening/work conditioning programs was not available for review. It is noted that the injured worker continues to improve with physical therapy, as evidenced by physical therapy note dated 01/14/2014. A defined goal documented and agreed upon by the employee and employer was not provided for review within clinical documentation. Furthermore, the requesting provider did not specify the duration of the functional restoration/work hardening/work conditioning being requested. Therefore, the request is not medically necessary.

**Orthopedic Supports:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

**Decision rationale:** The request for orthopedic support is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for orthopedic support was not provided within clinical notes. The CA MTUS/ (ACOEM) guidelines on lumbar support (corset) is not recommended for the treatment of low back disorders. The guidelines also state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The Official Disability Guidelines do not recommend lumbar support for prevention. The treating physician did not specify the type of orthopedic support being requested. There is a lack of clinical information indicating that the injured worker requires orthopedic support. Furthermore, the guidelines do not recommend a lumbar support for

prevention. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.

**Referral for MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304, 309.

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

**Decision rationale:** The request for referral for MRI is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for MRI referral was not indicated within clinical documentation. The CA MTUS/ACOEM guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The treating physician did not specify the location or rationale for an MRI. There is a lack of clinical information indicating the injured worker required an MRI. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.

**Electrodiagnostic studies:** 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 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

**Decision rationale:** The request for electrodiagnostic studies is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for electrodiagnostic studies was not provided within clinical documentation. The CA MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The treating physician did not indicate the specific location and rationale for the electrodiagnostic studies. There is a lack of clinical information indicating that the injured worker requires electrodiagnostic studies to be performed. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.

**Medical Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for medical pain management is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for medical pain management was not provided within clinical documentation. The CA MTUS guidelines state the consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There is a lack of information provided documenting the efficacy of the medication prescribed as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of clinical information indicating that the injured worker's pain was unresolved from current prescribed medication. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.

**Acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for acupuncture was not provided within clinical documentation. The CA MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is noted that the injured worker had an acupuncture examination on 05/28/2014; however, there is a lack of clinical information indicating the amount of sessions the injured worker has had. There is a lack of clinical evidence indicating the injured worker has had a reduction in medication as a result of acupuncture. Moreover, there is a lack of clinical notes documenting the injured worker's progression and improvement with acupuncture. Furthermore, the requesting provider did not specify the duration and quantity of the acupuncture being requested. As such, the request is not medically necessary.