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| Case Number: | CM14-0029524 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 10/10/2013 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 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 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 request for chronic low back, left leg, and left thigh pain reportedly associated with an industrial injury of October 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; CT scanning of the left femur of November 6, 2013, notable for a large hematoma of the thigh; topical compounded drugs; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 10, 2014, the claims administrator approved a psychiatry consultation while denying 12 sessions of chiropractic manipulative therapy, 12 sessions of acupuncture, and an initial functional capacity evaluation. The claims administrator cited a variety of non-MTUS Guidelines in its decision, including now-outdated 2007 MTUS Acupuncture Guidelines and Chapter 7 ACOEM Guidelines and consultations and FCEs. The claims administrator nevertheless, mislabeled these non-MTUS Guidelines as originating from the MTUS. The applicant's attorney subsequently appealed. A progress note of January 23, 2014 was notable for comments that the applicant was off of work, on total temporary disability owing to ongoing complaints of back pain radiating to legs and swelling about the thigh. It was also stated that the applicant was alleging anxiety, depression, insomnia, and frustration associated with his physical ailments. The applicant was placed off of work, on total temporary disability, for additional 45 days. Twelve sessions of chiropractic manipulative therapy for the lumbar spine and left thigh were sought, along with 12 sessions of acupuncture. Prescriptions for Protonix, Flexeril, Naprosyn, tramadol, and various topical compounds were issued. The remainder of the file was surveyed. It did appear that the applicant was receiving a variety of physical therapy treatments and passive modalities such as acupuncture at various points throughout the life of the claim.

These notes were not clearly dated but did include April 10, 2014, April 2, 2014, April 3, 2014, and May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE TWICE A WEEK FOR 6 WEEKS, IN TREATMENT OF THE LUMBAR AND LEFT THIGH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy is not recommended for issues involving the knee and, by implication, the thigh, a proximate body part. The MTUS further notes that manipulative therapy for the lumbar spine should initially be delivered as a trial of six visits over two weeks and that evidence of functional improvement and successful return to work are needed to justify further treatment. In this case, however, the 12-session course of treatment proposed by the attending provider does not conform to MTUS parameters. It is, furthermore, unclear, based on a handwritten and, at times, illegible documentation submitted, as to whether or not this request represents a first-time request or a renewal request. Nevertheless, no compelling rationale for treatment this far in excess of MTUS parameters has been provided, particularly in light of the claimant's failure to return to work. Therefore, the request for chiropractic care twice a week for six weeks in treatment of the lumbar and left thigh is not medically necessary and appropriate.

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS TO THE LUMBAR AND LEFT THIGH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Treatment Guidelines the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the 12-session course of treatment, then, represents treatment at a rate, frequency, overall amount two to four times MTUS parameters. In this case, there is no compelling rationale for treatment this far in excess of MTUS parameters was provided. As with the request for manipulation, it was not clearly stated whether this was a first-time request or a renewal request. Therefore, the request for acupuncture twice a week for six weeks to the left lumbar and thigh is not medically necessary and appropriate.

INITIAL FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2 Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The MTUS/ACOEM Guidelines do suggest considering a functional capacity evaluation if needed to translate functional impairment into limitations and/or restrictions. In this case, however, the applicant is off of work, on total temporary disability, several months removed from the date of injury. There was no evidence or indication that the applicant either has a job to return to and/or is intent upon returning to the workplace and/or workforce. It is unclear what purpose functional capacity evaluation would serve in this context. Therefore, the request for an initial Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.