

Case Number:	CM14-0062469		
Date Assigned:	07/11/2014	Date of Injury:	06/26/2006
Decision Date:	12/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 neck pain reportedly associated with an industrial injury of June 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of massage therapy; and unspecified amounts of manipulative therapy. In a utilization review report dated April 17, 2014, the claims administrator denied a request for 12 sessions of acupuncture, 12 sessions of physical therapy, 12 sessions of manipulative therapy, 'pain management with Vicodin,' and a referral for evaluation of prior foot surgery. The claims administrator suggested that the applicant had had prior manipulative therapy, massage therapy, and acupuncture. The claims administrator stated that the applicant was working regular duty in one section of its note, but then wrote in its denial that there was no documentation of "functional/vocational benefit" in another section of the note. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the foot surgery consultation, despite the fact that the MTUS addressed the topic. In an April 11, 2014, progress note, the applicant reported ongoing complaints of 7/10 neck, low back, and toe pain. The applicant apparently had multiple hammer toe deformities. The applicant also had issues with rheumatoid arthritis. The applicant was working full duty in an administrative role, it was acknowledged, and had reportedly been employed for 34 years of [REDACTED]. The applicant had issues with bunions status post hammer toe corrective surgeries, it was acknowledged. The applicant exhibited tenderness and spasm about the cervical and lumbar paraspinal musculature. The applicant was asked to pursue a course of non-operative management including acupuncture, physical therapy, manipulative therapy, and pain management with Vicodin. The applicant was asked to follow up in two to three months. The applicant was returned to regular duty work. It

was stated that the request for Vicodin was a renewal request. The applicant was asked to perform physical therapy for various purposes, including strengthening. In an applicant questionnaire dated March 24, 2014, the applicant stated that she was working regular duty despite ongoing complaints of pain as high as 7/10. The applicant stated that pain medications were helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 visits (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "3 to 6" treatments. The request, thus, as written, represents treatment at a rate two to four times MTUS parameters. No compelling rationale for treatment this far in excess of the MTUS parameters is proffered by the attending provider. Therefore, the request is not medically necessary.

Physical Therapy 12 sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The 12-session course of treatment, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the issue reportedly present here. Again, the attending provider has failed to furnish any compelling applicant-specific rationale which would support treatment in excess of MTUS parameters. Furthermore, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant has already returned to regular duty work and should, thus, be capable of transitioning to a home exercise program without the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.

Pain management with Vicodin: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has achieved and maintained full duty work status. The applicant reported in a questionnaire dated March 24, 2014, referenced above, that ongoing medication consumption was generating appropriate analgesia. Continuing the same, on balance, is therefore indicated. Therefore, the request is medically necessary.

Referral for evaluation of prior right foot surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, 2nd edition, Consultations

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints 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 ongoing foot and toe complaints reportedly associated with bunions and hammer toes status post earlier surgery for the same. Obtaining the added expertise of a foot/toe specialist to determine whether the applicant is a candidate for further surgical intervention involving the feet and/or toes is indicated, given the applicant's residual complaints. Therefore, the request is medically necessary.

Chiropractic Treatment 12 sessions (2x6): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Topic Page(s): 59.

Decision rationale: As noted on page 59 of the MTUS Chronic Pain Medical Treatment Guidelines, a follow-up course of treatment comprising of "another 4 to 12 visits" is recommended in applicants who have demonstrated functional improvement with earlier chiropractic care. In this case, the applicant has, in fact, demonstrated functional improvement with earlier chiropractic care as evinced by the applicant's successful return to and maintenance of regular duty work status. Continued chiropractic treatment is, consequently, indicated. The request, as written, does conform to the upper end of the MTUS-endorsed range. Therefore, the request is medically necessary.