

<b>Case Number:</b>	CM14-0078107		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 65-year-old male with a reported injury on 03/21/2012. The mechanism of injury was when the injured worker slipped and fell striking his knee on a concrete floor. He was lifting boxes. The diagnoses included thoracic sprain/strain, cervical myospasm, lumbar sprain/strain, sacroiliac sprain/strain, hip sprain/strain, knee sprain/strain, anxiety, and depression. The injured worker has had previous treatments of chiropractic therapy although the number of those therapy sessions was not provided. The injured worker has had previous treatments of physical therapy that was reported to have no benefit to him. It is also unknown as to how many sessions total that he has had. The injured worker was seen on 07/11/2013 for preoperative evaluation prior to planned surgery. It was planned for him to have a repair of a meniscus tear. It is unknown as to which knee. Upon that examination, it was stated that the injured worker was undergoing treatments for a cardiac irregularity and atrial fibrillation. It was stated that the provider agreed to perform the meniscectomy where his primary treating physician was located. It is not clear as to whether that was actually performed or not. The injured worker did have an examination on 08/04/2014 with complaints of pain and stiffness to his low back, to his left knee, left hip pain, and neck pain and stiffness, and depression and anxiety. The injured worker ambulated with a cane. The range of motion to his cervical spine was at 70% of flexion, extension was at 60%, and the right lateral flexion was at 50%, left lateral flexion was at 50%, right rotation was at 70% and left rotation was at 70%. Range of motion of his lumbar spine was flexion at 50%, extension at 40%, right lateral flexion at 50% and left lateral flexion at 50%, right rotation at 60% and left rotation at 60%. It was noted that he did have decreased strength, decreased range of motion, and decreased reflexes. There was a lack of examination regarding his heart. There was also a lack of examination regarding his anxiety and depression. The list of medications was not provided. The recommended plan of treatment was

for acupuncture, pain management specialist evaluation, referral to a psychological consultation and examination. The Request for Authorization was signed and dated for 08/08/2014. The rationale was not provided.

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

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

**Chiropractic treatment with physiotherapy 2 times a week for 4 weeks QTY: 8: 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 Manual manipulation Page(s): 58.

**Decision rationale:** The request for chiropractic therapy treatment with physiotherapy 2 x week for 4 weeks is not medically necessary. The California MTUS Guidelines recommend that the intended goal for manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement and to facilitate progression in the patient's therapeutic exercise program and to return to productive activities. The injured worker does have multiple complaints and the request does not specify as to which body part is to be treated with the chiropractic therapy. Furthermore, there has been previous chiropractic therapy and physical therapy that the injured worker reported was not helpful. There is a lack of documentation of functional deficits. There is a lack of evidence to support the medical necessity of chiropractic therapy. Therefore, the request for the chiropractic therapy is not medically necessary.

**Application of a modality to 1 or more areas, electrical stimulation QTY: 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Therapeutic procedure, 1 or more areas each 15 minutes, therapeutic procedure QTY: 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Acupuncture 1 or more needles; without electrical stimulation; initial 15 minutes QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for acupuncture 1 or more needles without electrical stimulation initial 15 minutes quantity of 12 is not medically necessary. The California MTUS Guidelines state and recommend that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. There is a lack of evidence that conservative treatments have failed. There was not a medication list provided nor was there a pain scale assessment provided. The request for the acupuncture does not specify as to which body part is to be treated. There is a lack of evidence to support the medical necessity of 12 sessions without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for acupuncture 1 or more needles without electrical stimulation initial 15 minutes quantity of 12 is not medically necessary.

**Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes QTY: 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for acupuncture 1 or more needles without electrical stimulation initial 15 minutes quantity of 12 is not medically necessary. The California MTUS Guidelines state and recommend that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. There is a lack of evidence that conservative treatments have failed. There was not a medication list provided nor was there a pain scale assessment provided. The request for the acupuncture does not specify as to which body part is to be treated. There is a lack of evidence to support the medical necessity of 12 sessions without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for acupuncture 1 or more needles without electrical stimulation initial 15 minutes quantity of 12 is not medically necessary.

**Referral for Psych QTY: 1:** 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 Psychological treatment Page(s): 101-102.

**Decision rationale:** The request for referral for psych quantity of 1 is not medically necessary. California MTUS Guideline recommend psychological interventions for chronic pain to include goals that in, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, pain disorder, and post-traumatic stress disorder. There is a lack of evidence of assessment of depression, anxiety, pain disorder, post-traumatic stress disorder. There was a lack of evidence that the injured worker had psychological issues. Furthermore, there was a lack of evidence of medications that the injured worker is on. There was a lack of evidence to support the medical necessity of a referral to a psych. Therefore, the request for the referral to psych is not medically necessary.

**Referral to Cardiologist QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, office visit.

**Decision rationale:** A referral to a cardiologist is not medically necessary. The California MTUS and the ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend office visits to determine proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. There was a lack of evidence of a cardiac evaluation done upon examination. There were no signs and symptoms that were reported or documented. Furthermore, there was evidence that the injured worker had seen a cardiologist previously for cardiac treatment of cardiac irregularity and atrial fibrillation. Although again, the assessment was not performed during the examination provided for review. There was a lack of evidence to support the medical necessity of a cardiologist without further evaluation and assessment. Therefore, the request for the referral to cardiologist is not medically necessary.

**Physical Medicine and Rehabilitation (PM&R) referral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <pain, office visit.

**Decision rationale:** A referral to a Physical Medicine and Pain Rehabilitation (PM&R) is not medically necessary. The California MTUS and the ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend office visits to determine proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. There was a lack of evidence of a cardiac evaluation done upon examination. The injured worker has already had physical therapy and reported no benefit. There was a lack of evidence of functional deficits. There was a lack of evidence to support the medical necessity of a cardiologist without further evaluation and assessment. Therefore, the request for the referral to Physical Medicine and Pain Rehabilitation (PM&R) is not medically necessary.