

Case Number:	CM14-0093180		
Date Assigned:	08/06/2014	Date of Injury:	04/23/2011
Decision Date:	09/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/23/11. A utilization review determination dated 6/4/14 recommends non-certification of chiro, work conditioning, PT, acupuncture, shockwave therapy, pain management, electrodiagnostic studies of lower extremities, and psychological consultation. 28 PT sessions have been completed. 5/12/14 chiropractic report identifies knee pain and swelling, low back pain into right leg and foot, stress, and frequent sleep loss. On exam, there is positive McMurray's valgus L, varus [illegible] press B, decreased sensation right L2-S1, strength 4/5 right L2-S1, decreased ROM, and myospasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, 24 sessions for lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic therapy, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain

caused by musculoskeletal conditions, although treatment to the knee is not recommended. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no indication of prior chiropractic treatment and 6 initial sessions for the low back may be reasonable. However, chiropractic treatment for the knee is not supported and the requested amount of treatment exceeds the recommendations of the CA MTUS. Unfortunately, there is no provision for modification of the current request to include only the supported body part and number of sessions. In light of the above issues, the currently requested chiropractic therapy, 24 sessions for lumbar spine and bilateral knees is not medically necessary.

Work Conditioning, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter and Forearm, Wrist, and Hand Chapter, Work conditioning, work hardening.

Decision rationale: Regarding the request for work conditioning, California MTUS and ODG support up to 10 sessions of work conditioning. Work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of Physical Therapy, primarily for exercise training/supervision. Within the documentation available for review, there is a longstanding injury with reported 4/5 weakness that is not identified with specificity, as it essentially would entail the entire right leg. There is no clear indication as to why this would require a formal work conditioning program for strengthening rather than adherence to an independent home exercise program. Furthermore, work conditioning is intended for additional intensive Physical Therapy after a normal course of Physical Therapy, but the provider has also concurrently recommended physical therapy and chiropractic care without a rationale identifying the need for all of these similar forms of treatment. Finally, the 12 requested sessions exceed the number of sessions supported by the CA MTUS and ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request of work Conditioning, 12 visits is not medically necessary and appropriate.

Physical Therapy, 10 visits for lumbar spine: 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 Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 Physical Therapy sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain

improvement levels." Within the documentation available for review, there is documentation of a longstanding injury and completion of prior Physical Therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the amount of Physical Therapy already completed well exceeds the amount of Physical Therapy recommended by the guidelines and there is no rationale for ongoing use of this form of treatment despite the recommendations of the CA MTUS. In light of the above issues, the currently request of Physical Therapy, 10 visits for lumbar spine is not medically necessary and appropriate.

Physical Therapy, 12 sessions for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 PT sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of a longstanding injury and completion of prior Physical Therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the amount of PT already completed well exceeds the amount of PT recommended by the guidelines and there is no rationale for ongoing use of this form of treatment despite the recommendations of the CA MTUS. In light of the above issues, the request of Physical Therapy, 12 sessions for bilateral knees is not medically necessary and appropriate.

Acupuncture, 24 sessions for lumbar spine and bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of chronic pain. While there is

support for an initial trial of 6 sessions of this treatment, the current request well exceeds that amount and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request of Acupuncture, 24 sessions for lumbar spine and bilateral knees is not medically necessary and appropriate.

Shockwave therapy to the lumbar spine and right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Shock wave therapy; Official Disability Guidelines - Knee And Leg (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy and on Other Medical Treatment Guideline or Medical Evidence: http://www.aetna.com/cpb/medical/data/600_699/0649.html.

Decision rationale: Regarding the request for shockwave therapy, California MTUS does not address the issue. ODG notes that shockwave therapy is not recommended for the lumbar spine as the available evidence does not support its effectiveness. A search of the National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the knee, and Aetna notes that it is experimental and investigational because there is insufficient evidence of effectiveness in the medical literature. Within the documentation available for review, there is no clear rationale for its use despite the absence of evidence-based support. In the absence of such documentation, the request of Shockwave therapy to the lumbar spine and right knee is not medically necessary and appropriate.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations (Chapter 7), Page 127.

Decision rationale: Regarding the request for pain management consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it should be noted that the provider is a chiropractor and cannot prescribe medications. While there may be an indication for medication management with a provider able to do so, the records note that the patient has recently been seen by an MD. No specific rationale for consultation with a pain management specialist is noted and there is no clear indication for the current request. In light of

the above issues, the currently requested pain management consultation is not medically necessary.

Electrodiagnostic studies of the lower extremities (type unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Electrodiagnostics studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for electrodiagnostic studies of the lower extremities, CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of focal neurologic dysfunction. Rather, the findings are nonspecific, consisting of essentially all of the nerve roots of the right lower extremity. Furthermore, no rationale has been presented identifying the medical necessity of electrodiagnostic evaluation rather than initial diagnostic evaluation with noninvasive testing such as imaging. Finally, there is no evidence of peripheral neuropathy to support the need for the nerve conduction velocity testing component of electrodiagnostic studies. In light of the above issues, the currently requested electrodiagnostic studies of the lower extremities (type unspecified) are not medically necessary.

Psychological Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there is no indication of any symptoms or findings suggestive of the need for psychological evaluation/treatment, as the only symptom noted is stress without any mention that stress is excessive and affecting the patient's wellbeing, etc. In

the absence of such documentation, the request of psychological consultation is not medically necessary.