

Case Number:	CM13-0033666		
Date Assigned:	12/06/2013	Date of Injury:	09/17/2012
Decision Date:	04/02/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old who has filed a claim for chronic low back, neck, and bilateral shoulder pain reportedly associated with an industrial injury of September 17, 2012. In a Utilization Review Report dated September 30, 2013, the claims administrator failed to approve requests for physical therapy, acupuncture, and manipulative therapy. The claims administrator referenced a September 5, 2013 progress note in its determination. The claims administrator denied the physical therapy and manipulative therapy outright while partially approving six sessions of acupuncture. The applicant's attorney subsequently appealed. On May 31, 2013, physical therapy, occupational therapy, and a lumbar support were endorsed owing to ongoing complaints of low back pain. In a September 5, 2013 progress note, the applicant reported persistent complaints of neck, mid back, and low back pain. The applicant had a history of prior back and knee surgery in 2002 and 2004, it was incidentally noted. The applicant was off of work, it was acknowledged. The applicant had comorbidities including hypothyroidism for which she was using Levoxyl, it was incidentally noted. The applicant was a disabled handicapped placard. A lumbar support, additional physical therapy to include massage therapy, acupuncture, and additional concurrent chiropractic manipulative therapy were endorsed. The applicant was given prescriptions for Clinoril, Soma, Elavil, Tylenol with Codeine, and a topical compounded ketoprofen containing cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 3 VISITS FOR THE TRAPEZIUS MUSCLES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Functional Restoration Approach to Chronic Pain Management Page(s): 8 of 127.

Decision rationale: No, the request for nine sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The request in question did represent a request for extension of previously ordered physical therapy. As the attending provider acknowledged in his September 5, 2013 progress note, the applicant had received previous unspecified amounts of physical therapy. The attending provider indicated that the primary purpose of physical therapy was to perform passive modalities such as massage. However, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work as of December 10, 2013 progress note on which additional physical therapy was endorsed. The applicant remained dependent on opioid agents such as Tylenol No. 3 and non-opioid agents such as Soma. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim.

ACUPUNCTURE 3 X 3 VISITS FOR THE NECK, SHOULDERS, AND BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for nine sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier unspecified amounts of chiropractic manipulative therapy over the course of the claim. Moving forward with additional manipulative therapy, thus, was not indicated, given the applicant's failure to return to work. Therefore, the request was not medically necessary.

CHIROPRACTIC TREATMENT 3 X 3 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 59 of 127.

Decision rationale: Finally, the request for nine sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off of work, on total temporary disability, despite receipt of earlier unspecified amounts of chiropractic manipulative therapy over the course of the claim. Moving forward with additional manipulative therapy, thus, was not indicated, given the applicant's failure to return to work. Therefore, the request was not medically necessary.