

<b>Case Number:</b>	CM14-0186723		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 injured worker is a 31 year-old female with an original date of injury on 11/21/2011. The industrially related diagnoses are lumbosacral spondylosis without myelopathy, chronic pain syndrome, degeneration of lumbar lumbosacral intervertebral disc, and lumbago. An MRI dating on 12/21/2011 showed slight retrolisthesis at L4-5, spondylolisthesis of L5-S1, associated with bilateral L5 spondylolysis defects, disc bulging with annular tear at L4-L5, disc bulge and central disc herniation with annular tear at L5-S1. The patient received multiple steroid injections in the lumbosacral region with about 50% pain reduction. The patient has tried acupuncture, physical therapy, chiropractic sessions, ice, rest, stretching, exercises, home TENs unit, and medications, all of which helped relieve her symptoms partially. The patient proceeded to have lumbar surgery on 3/24/2014 with posterior lumbar fusion, laminectomy L5-S1, rods and screws placement; and undergone second surgery on 5/1/2014 for disc spacer, interbody fusion bone graft. Since her surgery, she has had physical therapy and acupuncture sessions with good documented functional. The disputed issues are the request for 36 additional sessions of physical therapy, 24 additional sessions of acupuncture, functional capacity evaluation, and an unknown psychiatrist consultation and treatment. The utilization review has modified the requests of physical therapy and acupuncture, and denied the requests for functional capacity evaluation and psychiatrist consult and treatment. According to the submitted records, the patient has already had 15 physical therapy sessions with great results and gradual decrease of pain. The stated rationale for modification of physical therapy was the guidelines recommend 34 sessions over 16 weeks for postoperative treatment of lower back pain. Additional physical therapy sessions are medically indicated, however, 21 sessions were approved, with the remaining 15 sessions non-certified. Regarding the request for acupuncture, the submitted documentations indicated good functional improvement and pain control with previous acupuncture trials. However, the

guidelines recommended 3 to 6 treatments to produce functional improvement and additional treatments if functional improvement is documented. The utilization review has certified 6 sessions with the remaining 18 sessions non-certified. The stated rationale for the denial of functional capacity evaluation was the request for functional capacity evaluation is not work related but rather to assess and/or cure the patient's symptoms. The ordering provider did not provide clear reason as to why the functional capacity evaluation was ordered and what they are attempting to rule out. Therefore, this request was not certified. The stated rationale for denial of physiatrist consult and treatment was reviews of the documentation provided did not indicate any red flags or serious underlying medical conditions that would warrant such a request.

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

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

**Thirty six (36) physical therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

**Decision rationale:** Regarding the request for physical therapy, MTUS Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy, 16 visits over 8 weeks for post-surgical treatment for discectomy/laminectomy, and 34 visits over 16 weeks for post-surgical treatment for fusion or after graft maturity. In the case of this injured worker, the patient was initially approved and completed 15 physical therapy sessions that offered functional improvement and pain relief. The request for 36 sessions exceeds the amount of physical therapy recommended by the California MTUS. In the absence of such documentation, the current request for physical therapy is not medically necessary.

**Twenty four (24) acupuncture sessions: Upheld**

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

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

**Decision rationale:** Within the provided the documentation, the patient has had 12 sessions of acupuncture treatment since 1/2014, there are illegible notes likely from an acupuncture provider without clear documentation of functional improvement. Regarding the request for acupuncture, the California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. A trial of up to 6 sessions is typically recommended, with up to 24

total sessions supported when there is ongoing evidence of functional improvement. Due to the lack of clear documentation of functional improvement from the most recent acupuncture sessions, the request for an additional 24 sessions of acupuncture is not medically necessary.

**One (1) Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation and ACOEM, 2nd Edition, (2004) Chapter 7, pages 137-138

**Decision rationale:** Regarding request for functional capacity evaluation, MTUS ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no clear reasoning for the order of functional capacity evaluation, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

**Unknown physiatrist consultation and treatment: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado department of labor and employment, page 56

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127

**Decision rationale:** ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter 7 states, "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to

exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."Regarding the request for referral to physiatrist for consultation and treatment of the lumbar spines, 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, the patient has ongoing pain in the lumbar spine status post-surgery. Specialty consultation with a physiatrist may help to clarify these issues; however, a non-specific request for treatment is not medically necessary as the need for any specific treatment will depend in part on the results of the psychiatry consultation and the specific treatment being requested at that time. In light of the above issues, the currently requested referral to physiatrist for consultation and treatment is not medically necessary.