

Case Number:	CM15-0138821		
Date Assigned:	07/28/2015	Date of Injury:	07/28/2014
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male who sustained an industrial injury on 07/28/2014 while carrying equipment. The injured worker was diagnosed with lumbar herniated nucleus pulposus and lumbar facet arthropathy. Treatment to date has included diagnostic testing with lumbar computed tomography (CT) and X-rays in February 2015, physical therapy, chiropractic therapy, acupuncture therapy, sleep studies, electroencephalogram (EEG), home exercise program, oral medications and topical analgesics. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience low back pain radiating to the right hip. Examination demonstrated tenderness to the lumbar region, right side greater than left side. There was decreased range of motion and spasm with positive Kemp's on the right. Current medications were noted as topical analgesics and prescribed medications. Treatment plan consists of continuing with prescribed medications and the current request for chiropractic therapy, acupuncture therapy, urine drug screening and follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Manual therapy & manipulation Page(s): 98, 99, 58, and 59.

Decision rationale: Based on the 06/01/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right hip. The request is for Chiropractic/Physiotherapy 2 times a week for 4 weeks. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes lumbar spine sprain/strain rule out discopathy. Diagnosis on 06/01/15 included lumbar herniated nucleus pulposus and lumbar facet arthropathy. Physical examination on 06/01/15 revealed spasm and tenderness to the lumbar spine, right greater than left. Range of motion was decreased and Kemp's test was positive on the right. Treatment to date has included imaging studies, physical therapy, chiropractic therapy, acupuncture therapy, sleep studies, electroencephalogram (EEG), home exercise program, and medications. The patient is off-work per 06/01/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. MTUS Guidelines, pages 58-59, Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided medical rationale for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy and chiropractic would appear to be reasonable. However, the patient has already attended 24 sessions of chiropractic/physical therapy, based on provided SOAP notes dated 11/17/14 to 05/29/15. There is no discussion of flare-up's or new injury, or why the patient cannot participate in a home exercise program. Moreover, the request for additional 8 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.

Urine Test for Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 06/01/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right hip. The request is for Urine test for Toxicology. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes

lumbar spine sprain/strain rule out discopathy. Diagnosis on 06/01/15 included lumbar herniated nucleus pulposus and lumbar facet arthropathy. Physical examination on 06/01/15 revealed spasm and tenderness to the lumbar spine, right greater than left. Range of motion was decreased and Kemp's test was positive on the right. Treatment to date has included imaging studies, physical therapy, chiropractic therapy, acupuncture therapy, sleep studies, electroencephalogram (EEG), home exercise program, and medications. The patient is off-work per 06/01/15 report. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG- TWC, Pain chapter under Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Treater has not provided reason for the request. MTUS and ODG do support UDS's for opiate management. The requests for UDS are indicated for patients undergoing opioid medication therapy. However, provided progress reports do not include patient's medications, and there is no mention that patient is currently prescribed medications which include opiates or narcotics. Given lack of documentation, this request is not medically necessary.

Acupuncture 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the 06/01/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right hip. The request is for Acupuncture 1 time a week for 4 weeks. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes lumbar spine sprain/strain rule out discopathy. Diagnosis on 06/01/15 included lumbar herniated nucleus pulposus and lumbar facet arthropathy. Physical examination on 06/01/15 revealed spasm and tenderness to the lumbar spine, right greater than left. Range of motion was decreased and Kemp's test was positive on the right. Treatment to date has included imaging studies, physical therapy, chiropractic therapy, acupuncture therapy, sleep studies, electroencephalogram (EEG), home exercise program, and medications. The patient is off-work per 06/01/15 report. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided medical rationale for the request. Given patient's diagnosis and continued symptoms, a short course of acupuncture would appear to be reasonable. However, the patient has already attended 9 sessions of acupuncture from 03/27/15 and 06/12/15, based on provided SOAP notes. The request for additional 4 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

Follow-Up Office Visit in 4 Weeks: Overturned

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 Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: Based on the 06/01/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right hip. The request is for Follow-Up Office Visit in 4 weeks. Patient's diagnosis per Request for Authorization form dated 01/05/15 includes lumbar spine sprain/strain rule out discopathy. Diagnosis on 06/01/15 included lumbar herniated nucleus pulposus and lumbar facet arthropathy. Physical examination on 06/01/15 revealed spasm and tenderness to the lumbar spine, right greater than left. Range of motion was decreased and Kemp's test was positive on the right. Treatment to date has included imaging studies, physical therapy, chiropractic therapy, acupuncture therapy, sleep studies, electroencephalogram (EEG), home exercise program, and medications. The patient is off-work per 06/01/15 report. Regarding follow-up visits, MTUS guidelines page 8, Pain Outcomes and Endpoints Section has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Treater has not provided reason for the request. While MTUS does not explicitly state how many follow-up visits are considered appropriate, regular follow up visits are a appropriate measure and the provider is justified in seeking re-assessments to monitor this patient's condition." Therefore, the request is medically necessary.