

<b>Case Number:</b>	CM15-0193209		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 52-year-old who has filed a claim for neck, low back, bilateral shoulder and bilateral knee pain reportedly associated with an industrial injury of July 29, 2011. In multiple Utilization Review reports (dated September 4, 2015), the claims administrator failed to approve requests for four sessions of manipulative therapy, a functional capacity evaluation, and a sleep specialty consultation. The claims administrator referenced an RFA form received on August 14, 2015 and an associated office visit of the same date. The claims administrator suggested that the applicant was using marijuana as of that point. The applicant's attorney subsequently appealed. On said August 14, 2015 office visit, the applicant reported ongoing complaints of back, neck, shoulder, knee and leg pain with derivative complaints of sleep disturbance. The applicant was no longer working and last worked in April 2012, it was reported. Manipulative therapy, educational classes, a functional capacity evaluation and a new interferential stimulator device were endorsed while the applicant was placed off work, on total temporary disability. The applicant was asked to consult an internist and a sleep specialist. The request in question apparently represented the applicant's first office visit with a new primary treating provider (PTP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Chiropractic Sessions, Lumbar Spine 1X Week X 4 week # 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** No, the request for four sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a renewal or extension request for manipulative therapy some four years removed from the date of injury as of the date of the request, August 14, 2015. The attending provider reported on August 14, 2015 that the applicant had received chiropractic manipulative therapy in both August 2014 and February 2015. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was placed off of work, on total temporary disability, as of the August 14, 2015 office visit at issue. It did not appear that earlier manipulative therapy had proven successful. Therefore, the request for an additional four sessions of chiropractic manipulative therapy was not medically necessary.

## **Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** Similarly, the request for a functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was placed off of work, on total temporary disability on August 14, 2015. The applicant had not worked since April 2012, it was reported. It did not appear that the applicant had a job to return to as this late stage in the course of the claim. It was not clearly stated, in short, why a functional capacity testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest usage of a functional capacity evaluation as a precursor to pursuit of a course of work hardening, here, however, there was no mention of the applicant's intent to employ the functional capacity evaluation (FCE) in question as a precursor to enrollment in a work hardening program. Therefore, the request was not medically necessary.

## **Sleep Specialists Consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008;4(5):487-504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

**Decision rationale:** Finally, the request for a sleep specialist consultation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the attending provider failed to state why he believed a sleep specialist consultation would be of benefit in establishing the presence of what is characterized as chronic pain-induced sleep disturbance on August 14, 2015. The American Academy of Sleep Medicine (AASM) notes that polysomnography (and, by implication, the sleep specialist consultation at issue) are not indicated for routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders, here, by implication, a sleep specialist consultation would not seemingly have been of benefit in establishing the presence of chronic pain-induced sleep disturbance. Therefore, the request was not medically necessary.