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| <b>Case Number:</b>   | CM15-0213152 |                              |            |
| <b>Date Assigned:</b> | 11/03/2015   | <b>Date of Injury:</b>       | 03/22/2011 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 09/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2015 |

### 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:

This is a 52 year old female with a dated of injury on 3-21-11. A review of the medical records indicates that the injured worker is undergoing treatment for neck and lower back pain. Progress report dated 9-2-15 reports increased pain with all activities of daily living and increased loss of sleep with recent flare up. Objective findings: sensory loss, grip loss, loss of motion cervical and lumbar spine. MRI cervical spine showed disc protrusions at C5-6 and C6-7 with bilateral neural foraminal narrowing and positive radiculopathy on the right. MRI lumbar spine 6-29-13 revealed disc desiccation, diffuse disc protrusion with annular tear effacing the thecal sac narrowing the left neutral foramen. EMG and nerve conduction studies lower extremities revealed normal studies. Treatments include: medication and chiropractic care. Request for authorization was made for Manipulation times 6 cervical, thoracic, lumbar, Pain management and Stress management. Utilization review dated 9-21-15 modified the request to certify pain management consultation only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation times 6 cervical, thoracic, lumbar: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 8/26/15 progress report provided by the treating physician, this patient presents with constant, severe neck pain, low back pain radiating to bilateral legs and the right arm with associated numbness/weakness as well as muscle pain, rated 9/10. The treater has asked for MANIPULATION TIMES 6 CERVICAL, THORACIC, LUMBAR on 9/2/15. The patient's diagnoses per request for authorization dated 9/8/15 are cervical/CADS, thoracic s/s, and lumbar s/s. The patient notes an increase in pain when doing activities of daily living especially light house work per 9/2/15 report. The patient now has increased loss of sleep due to recent flare-up of pain per 9/2/15 report. The patient is s/p increased depression per 8/26/15 report. The patient's pain is relieved by icing, medications, rest, heat, and lying down per 8/26/15 report. The patient is off work as of 6/29/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, 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. The treater is requesting per QME treatment per MTUS page 58 acute flare up trial of 6 sessions with functional losses according to 9/2/15 report. Utilization review letter dated 9/21/15 denies the request as the patient has had 21 visits of chiropractic manipulation without documentation of objective improvement, and since the AME did not clearly recommend continued use of this passive modality. The AME dated 6/3/15 did not recommend additional chiropractic treatment although the patient stated prior benefit as it only gave 25% pain relief for a few hours and the benefit is minimal and certainly not warranted on an ongoing basis, but recommended a trial course of pool therapy of 6 visits, followed by land-based exercises for core stabilization. Given the lack of recommendation by the AME report and lack of documentation of functional improvement, the current request for additional chiropractic treatment is not in accordance with guideline recommendations. Hence, the request IS NOT medically necessary.

**Pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** Based on the 8/26/15 progress report provided by the treating physician, this patient presents with constant, severe neck pain, low back pain radiating to bilateral legs and the right arm with associated numbness/weakness as well as muscle pain, rated 9/10. The treater has asked for PAIN MANAGEMENT on 9/2/15. The patient's diagnoses per request for authorization dated 9/8/15 are cervical/CADS, thoracic s/s, and lumbar s/s. The patient notes an increase in pain when doing activities of daily living especially light housework per 9/2/15 report. The patient now has increased loss of sleep due to recent flare-up of pain per 9/2/15 report. The patient is s/p increased depression per 8/26/15 report. The patient's pain is relieved by icing, medications, rest, heat, and lying down per 8/26/15 report. The patient is off work as of 6/29/15 report. ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that 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. 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." MTUS Guidelines, Introduction Section,

page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." Per report dated 9/2/15, the treater is requesting per QME pain management referrals. Utilization review letter dated 9/2/15 modified the request to consultation only. Given the patient's recent increase in pain, the request for a pain management consultation is reasonable and supported by ACOEM guidelines. Therefore, the request IS medically necessary.

**Stress management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** Based on the 8/26/15 progress report provided by the treating physician, this patient presents with constant, severe neck pain, low back pain radiating to bilateral legs and the right arm with associated numbness/weakness as well as muscle pain, rated 9/10. The treater has asked for STRESS MANAGEMENT on 9/2/15. The patient's diagnoses per request for authorization dated 9/8/15 are cervical/CADS, thoracic s/s, and lumbar s/s. The patient notes an increase in pain when doing activities of daily living especially light housework per 9/2/15 report. The patient now has increased loss of sleep due to recent flare-up of pain per 9/2/15 report. The patient is s/p increased depression per 8/26/15 report. The patient's pain is relieved by icing, medications, rest, heat, and lying down per 8/26/15 report. The patient is off work as of 6/29/15 report. MTUS Guidelines, Introduction Section, page 8, under Pain Outcomes and Endpoints, regarding follow-up visits states that the treater "must monitor the patient and provide appropriate treatment recommendations." ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127 states that 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. 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." The treater does not discuss this request in the reports provided. Utilization review letter dated 9/21/15 denied the request for stress management, stating that the request was vague in terms of what specific treatment was being recommended, i.e. CBT, psychology consultation, psychiatric treatment, etc. [The] report failed to specifically address the number of sessions as well. Considering the lack of clear indication of the type of treatment as well as the quantity of sessions, the request as written cannot be substantiated by the guidelines. Therefore, the request IS NOT medically necessary.