

<b>Case Number:</b>	CM15-0086674		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/19/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker (IW) is a 54-year-old female who sustained an industrial injury to the neck, bilateral shoulders, bilateral arms, bilateral hands, head, low and mid back, left buttock, left leg, left toes and neurologic and vascular systems on 12/19/2010. Diagnoses include cervical radiculitis, status post surgery cervical spine, lumbar radiculitis, left wrist sprain/strain, sprain/strain of the bilateral knees, and loss of sleep, anxiety and depression. Treatments to date include NSAIDs and pain medications, physical therapy, epidural steroid injections, acupuncture, ice, heat, bracing, interferential unit and cervical spine fusion. Her pain continued despite treatment. She saw a psychiatrist and had group psychological counseling. Diagnostic testing to date includes x-rays, MRIs, CT scans and electro diagnostic testing. According to the Secondary Treating Physician's Initial Evaluation and Report dated 3/12/2015, the IW reported frequent frontal headaches and dizziness, neck pain radiating to the bilateral arms, activity-dependent low back pain and stiffness with numbness and tingling radiating to the bilateral legs, left wrist pain and bilateral knee pain. She also reported loss of sleep due to pain and anxiety and depression. A request was made for bio-behavior therapy twice weekly for four weeks, EMG/NCV (as needed), chiropractic twice weekly for four weeks, acupuncture twice weekly for six weeks and physiotherapy twice weekly for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biobehavior therapy 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy - page 23.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Behavioral therapy. MTUS guidelines state the following: Behavioral interventions: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks(individual sessions). The current request exceeds the recommended trial of 4 visits by the MTUS guidelines. According to the clinical documentation provided and current MTUS guidelines; Cognitive Behavioral therapy, as written above, is not medically necessary to the patient at this time.

**EMG/NCV (as needed):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, page(s) 177-188.

**Decision rationale:** The current request is for EMG/NCV as needed. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. There is no clinical documentation evidence for indication of EMG/NCV testing; The EMG/NCV is not medically necessary at this time.

**Chiropractic 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60 ODG, Neck/upper back chapter.

**Decision rationale:** MTUS guidelines state the following: Manual Therapy and Manipulation recommendations. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended: Low back: Recommended as an option. ODG recommends up to 18 sessions of chiropractics with evidence of objective functional improvement after 6 sessions. Chronicity should be avoided. The current request exceeds the recommended amount of sessions prior to documentation of objective functionality. According to the clinical documentation provided and current MTUS guidelines, Chiropractic manipulative treatment is not medically necessary to the patient at this time.

**Acupuncture 2x6:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. This would exceed the recommended amount of sessions recommended for a physical medicine. Evidence based guidelines do not support multiple physical modalities being performed concurrently. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as requested above, is not medically necessary to the patient at this time.

**Physical Therapy 2x4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function chapter, page 114 Official Disability Guidelines -Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Pages 98-99.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines & Allow for fading of treatment frequency (from up to 3 visits per week to

1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337. 2): 24 visits over 16 weeks. The patient has completed 12 sessions of physical therapy to date. There is no documentation stating why an independent home exercise program would be insufficient to address any remaining deficits at this time. Evidence based guidelines do not support multiple physical modalities being performed concurrently. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is not medically necessary to the patient at this time.