

Case Number:	CM14-0114485		
Date Assigned:	09/22/2014	Date of Injury:	04/04/2013
Decision Date:	10/27/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic myofascial pain reportedly associated with an industrial injury of April 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar spine surgery; and adjuvant medications. In a Utilization Review Report dated July 8, 2014, the claims administrator denied a request for trigger point imaging, denied a request for localized intense neurostimulation therapy, partially certified a request for infrared therapy and acupuncture as acupuncture alone, and partially certified a request for psychological evaluation and treatment as a psychological evaluation alone. The applicant's attorney subsequently appealed. In a February 24, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier L4-L5 decompression surgery. A well-healed surgical incision line was noted. The applicant was given a rather proscriptive 10-pound lifting limitation and asked to return to work at a rate of four hours per day. It was not clearly stated whether or not the applicant was in fact working as a custodian, however, with said limitations in place. The applicant's medications list, at that point, included Depakote, Prozac, Medrol, and Naproxen. In a progress note dated July 15, 2014, the applicant apparently received localized intense neurostimulation therapy in conjunction with trigger point impedance imaging to localize the areas where the localized intense neurostimulation therapy was applied. In a progress noted dated June 17, 2014, the applicant reported persistent complaints of low back pain, associated sleep disturbance, and associated complaints of depression, anxiety, and weight gain. Limited range of motion was noted. The applicant was placed off of work, on total temporary disability. Six sessions of localized intense neurostimulation therapy, physical therapy, and acupuncture were endorsed while the applicant

was placed off of work, on total temporary disability. In an earlier Doctor's First Report dated May 15, 2014, the applicant had apparently transferred care to a new primary treating provider (PTP). Twelve sessions of physical therapy, eight sessions of acupuncture, x-rays of the lumbar spine, and an initial functional capacity evaluation, a lumbar support, naproxen, and Prilosec were endorsed. In an April 21, 2014 progress note, the applicant was placed off of work, on total temporary disability, status post earlier L4-L5 lumbar decompression surgery. Medrol Dosepak was endorsed. In an earlier note dated April 14, 2014, the applicant was apparently returned to work at a rate of six hours a day. On February 24, 2014, the applicant was apparently working at a rate of four hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT IMAGING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional MRI topic. Page(s): 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Thermography section.

Decision rationale: The trigger point imaging represents a form of functional imaging or functional neuroimaging. However, as noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, functional neuroimaging is useful only in a research setting and does not have a role in the evaluation or treatment of applicants and has no clearly established role in a clinical setting. Similarly, the Third Edition ACOEM Guidelines also take the position that thermography, a form of functional imaging which involves measurement of skin surface temperature through infrared scanning, is also "not recommended" in the diagnosis of chronic regional pain syndrome or any other chronic pain condition. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

INFRARED THERAPY ; 15 MIN , TWICE WEEKLY FOR 3 WEEKS: Upheld

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 Low-level Laser Therapy topic. Page(s): 57.

Decision rationale: As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy, which the infrared therapy at issue is a subset, is "not

recommended" in the chronic pain context present here. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

MECHANICAL TRACTION, MASSAGE THERAPY, ELECTRICAL STIMULATION, AND THERAPEUTIC EXERCISES, TWICE WEEKLY: Upheld

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 Physical Medicine topic. 9792.20f. Page(s): 98-99, 8.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities, such as the mechanical traction, massage therapy, and electrical stimulation at issue, should be used "sparingly" with active therapies during the chronic pain phase of a claim. It is further noted that the applicant has had prior unspecified amounts of physical therapy over the course of the claim, including fairly extensive treatments in 2014 alone. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, the diagnosis present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment in order to justify additional treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant's work status is seemingly trending unfavorably. The applicant was working on a part-time basis at earlier points in 2014 but was, quite clearly, placed off of work, on total temporary disability, on the date of the request, suggesting a lack of functional improvement as defined in MTUS 9792.20f through previous unspecified amounts of physical therapy. Therefore, the request for additional physical therapy to include passive modalities such as traction, massage therapy, and electrical stimulation is not medically necessary.

PSYCH EVALUATION, AND TREATMENT BASED ON OUTCOME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATION AND TREATMENT Page(s): 100-101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment topic. Page(s): 101.

Decision rationale: Conditional approval is not permissible through the Independent Medical Review process. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified applicants during the treatment of chronic pain. In this case, however, the applicant did not appear to have completed the precursor psychological evaluation to determine the applicant's suitability for further psychological treatment before the request for unspecified amounts of treatment was

sought. Since conditional approvals are not permissible through the Independent Medical Review process, the request is not medically necessary.

LOCALIZED INTENSE NEURO STIMULATION THERAPY, ONCE WEEKLY FOR 6 WEEKS, LUMBAR SPINE: Upheld

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 Percutaneous Neuromodulation Therapy (PNT) topic. Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, percutaneous neuromodulation therapy, a variant of PENS in which 10 fine filament of electrodes are placed at landmarks in the back, is "considered investigational" and deemed "not recommended." The attending provider, as with the other request, failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.