

<b>Case Number:</b>	CM14-0097416		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 41-year-old female who reported an injury on 05/23/2014 due to performing her regular and customary job duties. The injured worker has diagnoses of lumbar spine sprain/strain and right hip sprain/strain. Past medical treatment consists of acupuncture and medication therapy. On 07/08/2014, the injured worker complained of lower back pain. Physical examination noted that there was moderate tenderness in the lower spine, paraspinals, right hip/leg. There was restricted range of motion with a positive Kemp's, positive straight leg raise, and positive Patrick Fabere's test. The medical treatment plan is for the injured worker to undergo chiropractic care, NCV/EMG, X-rays, MRI, a pain management consultation, additional acupuncture, physical therapy, biofeedback and a Functional Capacity Evaluation. The rationale was not submitted for review. The request for authorization form was submitted on 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC CARE 2 X 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

**Decision rationale:** The request for chiropractic therapy, 2 times a week for 6 weeks, is not medically necessary. The California MTUS guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The submitted documentation lacked any indication that the injured worker had significant objective functional deficits. There was also no indication that the injured worker was participating in a home exercise program. Additionally, the request as submitted did not indicate what extremity was going to be receiving the chiropractic therapy. As such, the request is not medically necessary.

**NCV (BODY PART(S) NOT SPECIFIED):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nerve Conduction Studies (NCS).

**Decision rationale:** The request for an NCV is not medically necessary. The CA MTUS/ACOEM state that electromyography and nerve conduction velocity, including H reflex test, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and META analysis demonstrate the neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation. The included medical documents lacked evidence of the injured worker's failure of conservative treatment. The physical examination noted tenderness and spasm. However, the included medical documents lacked evidence of muscle weakness, decreased sensation and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. As such, the request is not medically necessary.

**X-RAYS (BODY PART(S) NOT SPECIFIED):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, RADIOGRAPHY (X-RAYS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for an NCV is not medically necessary. The CA MTUS/ACOEM state that electromyography and nerve conduction velocity, including H reflex test, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and META analysis demonstrate the neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation. The included medical documents lacked evidence of the injured worker's failure of conservative treatment. The physical examination noted tenderness and spasm. However, the included medical documents lacked evidence of muscle weakness, decreased sensation and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. As such, the request is not medically necessary.

**EMG (BODY PART(S) NOT SPECIFIED):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The request for an NCV is not medically necessary. The CA MTUS/ACOEM state that electromyography and nerve conduction velocity, including H reflex test, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The systematic review and META analysis demonstrate the neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCV studies often have low sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCVs. The provider's rationale for the request was not provided within the documentation. The included medical documents lacked evidence of the injured worker's failure of conservative treatment. The physical examination noted tenderness and spasm. However, the included medical documents lacked evidence of muscle weakness, decreased sensation and other symptoms which would indicate nerve impingement. The guidelines do not recommend nerve conduction studies. As such, the request is not medically necessary.

**MRI (BODY PART(S) NOT SPECIFIED): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an MRI is not medically necessary. The CA MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when the neurological exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show the injured worker had trialed and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, an MRI is not supported by referenced guidelines. Additionally, the request as submitted did not indicate or specify what extremity was going to be getting the MRI. As such, the request is not medically necessary.

**PAIN MANAGEMENT CONSULT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management referral Introduction, Page(s): 1.

**Decision rationale:** The request for an MRI is not medically necessary. The CA MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when the neurological exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurologic deficits on physical examination. Additionally, documentation failed to show the injured worker had trialed and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, an MRI is not supported by referenced guidelines. Additionally, the request as submitted did not indicate or specify what extremity was going to be getting the MRI. As such, the request is not medically necessary.

**ACUPUNCTURE 2X6: Upheld**

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

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

**Decision rationale:** The request for acupuncture 2 times a week for 6 weeks is not medically necessary. Acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as followed: 1) time to produce functional improvement is 3 to 6 treatments, 2) frequency is 1 to 3 times per week, and 3) optimum duration is 1 to 2 months. The submitted documentation did not indicate the efficacy of prior acupuncture sessions. Additionally, the request as submitted did not indicate or specific what extremity was going to be receiving the acupuncture. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

**PT 2X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 58, 59, 9, and 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The request for physical therapy 2 times a week for 6 weeks is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked any indication that the injured worker had trialed and failed conservative treatment. As the guidelines recommend up to 10 visits of physical therapy, the request as submitted is for a total of 12 sessions, exceeding the recommended guidelines. Additionally, the rationale was not submitted for review indicating how physical therapy would assist the injured worker with functional deficits. It is also unclear how the injured worker would not benefit from a home exercise program. Given the above, the injured worker is not within the recommended guidelines. As such, the request is not medically necessary.

**BIOFEEDBACK 2X6:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback.

**Decision rationale:** The request for biofeedback 2 times a week for 6 weeks is not medically necessary. The ODG do not recommend biofeedback as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a cognitive behavioral therapy program where there is strong evidence of success. The guidelines for biofeedback are as follows: an initial trial of 3 to 4 psychotherapy visits over 2 weeks, evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, and patients may continue biofeedback exercise at home. Given the above, and that ODG do not recommend the use of biofeedback, the request would not be indicated for the injured worker. Additionally, the request as submitted is for biofeedback 2 times a week for 6 weeks, exceeding the recommended guidelines for an initial 3 to 4 visits over 2 weeks. As such, the request is not medically necessary.

**FCE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The request for a Functional Capacity Evaluation is not medically necessary. The CA MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the patient's capabilities. The Official Disability Guidelines further state that a FCE is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. FCEs are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation also lacked evidence of how a Functional Capacity Evaluation would aid the provider in an evolving treatment plan or goals for the injured worker. Furthermore, there was no indication of other treatments the injured worker underwent previously and the measurement of progress as well as efficacy of the prior treatments. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.