

Case Number:	CM14-0215607		
Date Assigned:	01/05/2015	Date of Injury:	10/23/2013
Decision Date:	03/05/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review Report dated December 8, 2014, the claims administrator denied a request for acupuncture on the grounds that earlier acupuncture had failed, partially approved request for eight sessions of chiropractic manipulative therapy and myofascial release therapy as six sessions of the same, denied eight sessions of physical therapy, and denied electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced progress notes of July 30, 2014 and November 24, 2014 in its determination. The applicant's attorney subsequently appealed. In a July 9, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain, 6-7/10. The applicant was asked to continue acupuncture at this point. A lumbar support and tramadol were also endorsed. It was stated that the applicant had had nine sessions of physical therapy. It was stated that the applicant had not had any manipulative therapy until this point in time. By December 11, 2014, the applicant had transferred care to a new primary treating provider. The applicant was using Vicodin and Tylenol as of this point in time. The attending provider stated that the applicant had had physical therapy treatment through this point in time. 9/10 low back pain was appreciated with ancillary complaints of hand pain, knee pain, leg pain, arm pain, shoulder pain, and elbow pain. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. Electrodiagnostic testing was sought. The applicant was given a diagnosis of lumbar radiculopathy, however. Further physical therapy was also suggested. In an earlier note dated

March 19, 2014, the applicant denied any issues with alcohol consumption. The applicant also denied any issues with hypertension or diabetes. The applicant had no systemic issues, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of electroacupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does in fact represent a renewal request for acupuncture as the applicant had had prior acupuncture treatment through his former treating provider. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d, acknowledged that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no clear demonstration of functional improvement as defined in section 9792.20f. The applicant is off of work. A rather proscriptive 5-pound lifting limitation remains in place. Persistent axial and radicular pain complaints persist, in the 9/10 range or greater, per the attending provider's December 2014 progress note. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture. Therefore, the request for additional acupuncture was not medically necessary.

8 visits of chiro care for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 59.

Decision rationale: As noted on page 59 of the MTUS Chronic Pain Medical Treatment Guidelines, an initial trial of 6-12 visits' is recommended for applicants with low back pain conditions. Here, it appeared, based on the reports of the current treating provider and that of former treating provider, that the request at hand represented a first-time request for chiropractic manipulative therapy. The eight-session course proposed, thus, was essentially in-line with MTUS parameters. Therefore, the request was medically necessary.

8 sessions of physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic; Functional Restoration Approach to Chronic Pain Management section Page.

Decision rationale: 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 reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, despite having completed earlier unspecified amounts of physical therapy through a prior treating provider. Severe pain complaints in the 9/10 range were reported as of December 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts. Therefore, the request for additional physical therapy was not medically necessary.

EMG/NCV of the bilateral legs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (a.k.a. nerve conduction testing) is deemed "not recommended" for applicants with routine foot and/or ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there is no mention of the applicant carrying diagnoses of tarsal tunnel syndrome, entrapment neuropathy, diabetic neuropathy, generalized peripheral neuropathy, etc. The applicant denied any issues with hypertension, diabetes, and/or alcohol consumption on March 19, 2014. Thus, the applicant did not have any medical issues or medical comorbidities which would predispose to a development of generalized lower extremity peripheral neuropathy. The applicant, by all accounts, had a clinically obvious radiculopathy, radiographically confirmed. The attending provider, in his progress note of March 19, 2014, alluded to a large disc protrusion at L5-S1 generating contact upon the traversing S1 nerve roots. Thus, all the evidence on file suggested that the applicant already had an established diagnosis of lumbar radiculopathy, effectively obviating the need for the proposed electrodiagnostic testing. Therefore, the request was not medically necessary.