

<b>Case Number:</b>	CM15-0007858		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old male who sustained an industrial injury reported on 7/9/2013. He has reported sharp, burning mid-low back pain; pain in hands, wrists and fingers, and pain in the neck, shoulders, elbows, knees and ankles; also reported were headaches, sleep difficulty, stomach pain from prescribed medications, stress, depression and sexual dysfunction. The diagnoses have included cervical/trapezial and bilateral shoulder, elbow, wrist, knee and ankle sprain/strain; sleep difficulty, stomach pain, depression, anxiety and sexual dysfunction; status-post left lumbar 4-5 laminotomy (2/12/14) and lumbar surgery (7/18/14); lumbago; lumbar radiculopathy; and failed behavioral techniques for improved sleep. Treatments to date have included consultations; diagnostic laboratory and imaging studies; epidural steroid injection therapy; surgeries (2/12/14 & 7/18/14); physical therapy and home exercise program; and medication management. The work status classification for this injured worker (IW) was noted to be not working. The Progress notes for the 12/31/2014 Request for Authorization was not available for my review. On 1/6/2015 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/31/2014, for chiropractic care 2 x a week x 4 weeks; the purchase of an interferential machine; and psychiatric consultation. The Medical Treatment Utilization Schedule for chronic pain medical treatment, chiropractic treatment, interferential current stimulation, and psychological evaluation guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment twice a week for four weeks:** 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 Manual Therapy Page(s): 82.

**Decision rationale:** Chiropractor treatment twice a week for four weeks is not medically necessary. Per CA MTUS Chiropractor therapy is considered manual therapy. This therapy is recommended for chronic pain caused by musculoskeletal conditions. Manual therapy as well as the use in the treatment of muscular skeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. For low back pain manual therapy is recommended as an option. Therapeutic care requires a trial of six visit over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective maintenance care is not medically necessary. For recurrences/flareups the need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months. A request for chiropractor therapy does not meet Ca MTUS guidelines. The claimant failed to benefit from physical therapy; chiropractor therapy is therefore not medically necessary.

**Inferential Machine (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Therapy Page(s): 119.

**Decision rationale:** Inferential Machine (purchase) is not medically necessary. Per MTUS, Inferential Current is 'not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues.' As it relates to this case inferential current was recommended as solo therapy for chronic pain. Additionally, there is lack of documentation of failed conservative therapy or a plan of care for physical therapy. Per MTUS and the previously cited medical literature inferential current is not medically necessary as solo therapy and the current diagnoses.

**Psychiatric consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

**Decision rationale:** Psychiatric consultation is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 'referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan...' Page 127 of the same guidelines states, the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant was evaluated by several consultants without much benefit. Additionally, the claimant's last visit did not indicate any of the above guidelines; therefore, the requested service is not medically necessary.