

<b>Case Number:</b>	CM15-0172956		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/01/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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 injured worker is a 57 year old female who sustained an injury on 3-1-15. Diagnoses are cervical sprain, strain; lumbar muscle spasm; lumbar sprain, strain; right elbow sprain, strain; left elbow sprain, strain; right forearm strain; left forearm strain; left and right knee sprain, strain; right and left ankle sprain, strain; fatigue; loss of sleep; anxiety; myalgia and myositis; and spasm of muscle. 5-8-15 chiropractic examination indicates constant severe sharp neck pain that is aggravated by looking up and down; lumbar spine constant mild sharp low back pain that was severe with sitting, standing and stooping. Right elbow constant sharp pain becoming moderate radiating to bilateral hands; left forearm constant sharp moderate pain radiating to bilateral hands; left forearm constant sharp radiating to bilateral hands; right knee constant sharp becoming severe with standing and walking; right ankle sharp constant becoming severe with standing and walking; right ankle and left ankle constant sharp becoming severe with standing, walking and driving that have relief with heat. Physical examination reveals tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles and suboccipitals, muscle spasm of the bilateral trapezii, cervical paravertebral muscles and suboccipitals. Cervical compression is positive bilaterally; shoulder decompression is positive bilaterally. Lumbar spine reveals decreased range of motion and was painful. Right and left elbow range of motion was decreased and painful; right and left ankle range of motion is decreased and painful with tenderness to palpation of the lateral ankle. To date there has been a total of 11 chiropractic treatments; 23 acupuncture sessions with a total of 34 treatments. Current requested treatments acupuncture, 12; chiropractic therapy 4; physiotherapy 4; psyche as needed 1; behavioral therapy 12; pain management, medical evaluation 1 time per month (indefinitely) 1; shockwave. Utilization review 8-7-15 requested treatments are denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture qty 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. This patient has had 23 sessions of acupuncture to date. Additional acupuncture qty 12.00 is not medically necessary.

**Chiropractic therapy qty 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is not clear from the request which body part the chiropractic treatments are for. Therefore, chiropractic therapy qty 4.00 is not medically necessary.

**Physio therapy qty 4.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is not clear from the request which body part the physio therapy treatments are for. Therefore, Physio therapy qty 4.00 is not medically necessary.

**Psyche as needed qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Psyche as needed qty 1.00 is not medically necessary.

**Biobehavioral therapy qty 12.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 105-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** The MTUS recommends behavioral interventions be initiated with a trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may then be authorized. The request is for more treatments than is necessary to determine objective functional improvement. Biobehavioral therapy qty 12.00 is not medically necessary.

**Pain management/medical evaluation 1 time per month (indefinitely) qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

**Decision rationale:** The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. There is not sufficient documentation in the record of the above criteria. Pain management/medical evaluation 1 time per month (indefinitely) qty 1.00 is not medically necessary.

**Shockwave:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal shock wave therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** According to the Official Disability Guidelines, limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Shockwave is not medically necessary.