

<b>Case Number:</b>	CM13-0031150		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/04/1991
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 a licensed Chiropractor 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.

### 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 patient is a 52 year old male employed as a Police Officer who sustained an injury to his cervical and thoracic spine due to a work related auto accident on 1/4/1991. An initial evaluation by the Primary Treating Physician (PTP) identifies the subjective complaints as intermittent neck and upper back pain and stiffness which "does travel to his interscapular area with numbness/tingling in the fifth finger bilaterally." Diagnoses provided by the PTP's initial report were thoracic disc bulges (722.11), cervical sprain/strain (847.0), and radiculitis (723.4). Further objective findings such as range of motion measurements and deep tendon reflexes are not listed on the report provided by the PTP. Treatment plan at the time recommended chiropractic therapy due to the continued past benefit that this therapy has provided. Cervical MRI ordered showed disc bulges at C4/C5, C5/C6, and C6/C7, and degenerative changes. In light of these findings the specialist physician and the PTP on the case requested a trial of 2 chiropractic care sessions to be rendered over 8 weeks. Clinical findings from two chiropractic PR-2 reports do not exist. The treating chiropractor states that "the patient reports numbness and sharp tingling pain (9/10) on the right hand along the fingers. This is frequent to intermittent. He states that the pain in his neck and thoracic area (7/10) are constant. Nothing resolves the pain only chiropractic." The UR denial report states that "a dually signed stipulated future medical award which made no provisions for chiropractic care" exists in the records. In light of these findings and the patient's complaints the specialty physician and the PTP on the case requested a trial of 2 chiropractic care sessions to be rendered over 8 weeks to the cervical and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Manipulation 2x weekly for 8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation section, Recurrences and Flare-ups.

**Decision rationale:** This is a chronic case with a stipulation and award for future medical treatment per records reviewed. However, the actual award order or any Agreed or Qualified Medical Evaluator (AME/QME) records do not exist in the records submitted so that the specifics on the future med award can be reviewed. As for manual therapy and manipulation, Chronic Pain Treatment Guidelines p. 58-60 state that manual therapy and manipulation "are recommended for chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." This is specific for the low back in this section of the Chronic Pain Treatment Guidelines and does not list the cervical spine as a body part. The ODG states under recurrences/flare-ups: "Need to reevaluate treatment success, if RTW achieved then 2 visits every 4-6 months." The Occupational Medicine Practice guidelines Manipulation and Manual Therapy section does address the cervical spine as a body part and adds that using cervical manipulation "may be an option for patients with occupationally related neck pain. It is reasonable to incorporate it within the context of functional restoration rather than pain control." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam." Given the lack of the future med award documents, AME/QME reports and the lack of treating physician's documentation of objective functional improvement data from past and present treatments with chiropractic care, and that the requested number of visits far exceeds those recommended in the ODG, I find that the 2 chiropractic visits requested per week for 8 weeks are not appropriate and not medically necessary.

**Manual Therapy Tech 15 min for Right Hand 2x weekly for 8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-60.

**Decision rationale:** The same rationale applies as with the request for manipulation. The actual award order or any AME/QME records do not exist in the records submitted so that the specifics on the future med award can be reviewed. As for manual therapy and manipulation, Chronic Pain Treatment Guidelines p. 58-60 state that manual therapy and manipulation "are recommended for

chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." This is specific for the low back in this section of the Chronic Pain Treatment Guidelines and does not list the cervical spine as a body part. The ODG states under recurrences/flare-ups: "Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The Occupational Medicine Practice guidelines Manipulation and Manual Therapy section does address the cervical spine as a body part and adds that using cervical manipulation "may be an option for patients with occupationally related neck pain. It is reasonable to incorporate it within the context of functional restoration rather than pain control." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam." Given the lack of the future med award documents, AME/QME reports, and the lack of treating physician's documentation of objective functional improvement data from past and present treatments with chiropractic care, and that the requested number of visits far exceeds those recommended in the ODG I find that the 2 visits of manual therapy requested per week for 8 weeks are not appropriate and not medically necessary.

**Myofascial Release 2x weekly for 8 weeks for Cervical/Thoracic Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** Massage therapy is recommended as an option in the Chronic Pain Medical treatment Guides page 60. It states that "this treatment should be adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The number of requested treatments far exceeds the recommended number of visits. Data for objective functional improvement is also missing from the records for this therapy. Myofascial release is not medically necessary.

**Diathermy 15-30 min 2x weekly for 8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states that diathermy is "not recommended. Therapeutic diathermy is one of the most widely and frequently used

electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing" (Robertson, 2001). Request for ultrasound 2 X week for 8 weeks is medically not necessary due to this guideline.

**EMS 15-20min 2x weekly for 8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Neck and Upper Back (Acute & Chronic) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines page 116, notes under Criteria for use of TENS that certain conditions need to be met in order for TENS to be recommended: "documentation of pain of at least three months duration, ...evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function." Given that the documentation of use of EMS is lacking from the records provided I find that the requested EMS 2X week for 8 weeks is not appropriate and not medically necessary.