

Case Number:	CM13-0040689		
Date Assigned:	12/20/2013	Date of Injury:	05/20/2013
Decision Date:	02/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in Mississippi. 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 physician 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 claimant is a 46 year old female with a date of injury of 5/20/2013. She has injuries to the neck and low back following a slip and fall incident. Progress report dated 10/16/2013 states that the claimant continues with sharp pain in her neck and feels her pain is progressing. She complains of progressive neurologic deficit with increased numbness and increased burning into her arms. She states she feels like a sharp glass is in her neck. She has increased numbness in both hands and an increasing burning sensation from her neck down into her trapezia, her shoulder blades, and down into her arms. Her treating provider states that additional diagnostic studies should be performed as well as additional treatment, even though she was improving with treatment including chiropractic care, acupuncture, and physical therapy. The claimant has reduced medications and activities of daily living were improved prior to an interruption in her care. On exam cervical spine range of motion: flexion 25/45, extension 25/45, left rotation 70/90, right rotation 70/90, left flexion 30/50, and right flexion 30/50. There is 4+ bilateral paracervical spasm and tenderness, 4+ pain with range of motion. There is a positive compression test. There is a decreased sensation of bilateral C5 and C6 dermatomes. Lumbar spine range of motion: flexion 70/90, extension 10/30, left rotation 10/30, right rotation 10/30, left flexion 0/20, right flexion 0/20. There is a 4+ bilateral paraspinal spasm and tenderness. There is a positive straight leg raise bilaterally. Diagnoses include 1) cervical disc herniation, rule out progression of cervical disc herniation and 2) lumbar herniated nucleus pulposus. Claimant is temporary total disability, having returned to work part time in 8/2013 with increase in symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiro with modalities and exercises 2 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Aetna, other EBM

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The claimant has completed 8/12 sessions of chiropractic care as of 6/27/2014. She has completed at least 10 sessions of physical therapy as of 11/12/2013. She has completed 6/12 sessions of acupuncture as of 8/12/2013. She continues to have paraspinal muscle spasms in cervical spine and lumbar spine and bilateral neurologic symptoms in all four extremities. Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), manual therapy and manipulation are: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered of

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Aetna, other EBM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The letter from the lawyer representing the claimant dated 10/25/2013 specifically states that the "applicant is not objecting to the denial of the cervical MRI because one has already been obtained after this denial." A lumbar MRI was performed on 7/17/2013, and a cervical MRI was performed on 8/2/2013. The application for independent review includes the request for positional (seated) cervical MRI, which has been denied by the claims administrator. Review of clinical documents does not indicate clinical findings on physical exam consistent with an objective focal neurological deficit in a dermatomal or myotome pattern that would cause concern for neural compromise or radiculopathy stemming from the cervical spine. There also does not appear to be progressive neurological findings. A cervical MRI has already been performed. Per ACOEM guidelines: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: - Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms.... Table 8-7 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. In the following

Consult with spinal specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Aetna, other EBM

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The request is for a spine specialist for facet injection. Per the ACOEM guidelines, facet injections are not recommended. The request for spine specialist, as it is requested in the clinical notes, is not supported by these guidelines is determined to not be medically necessary.