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| Case Number: | CM13-0053479 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/29/2013 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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 Board Certified in Physical Medicine and Rehabilitation 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. 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 injured worker is a 35-year-old female who reported an injury on 01/29/2013 due to repetitive working conditions. The injured worker had an electrodiagnostic examination done on 04/10/2013 which was a normal study. The injured worker had a physical examination on 05/16/2013 where she complained of having difficulty performing activities of daily living such as grasping, lifting, carrying, and having a restless nocturnal sleep pattern. The medications being taken at the time of this examination were inhalers for asthma. The examination showed tenderness noted in the cervical paraspinal region on the left. There was no tenderness noted in the midline cervical region. Muscle spasm was noted in the cervical/thoracic spine region. Spurling's test was painful on the left. The injured worker did report that she was diagnosed with carpal tunnel syndrome by her primary care physician. At this examination, the treatment plan was to refer the patient to a pain management specialist to address the cervical spine and left upper extremity pain due to failed conservative treatment in the form of physical therapy and chiropractic treatment. The reports from physical therapy and chiropractic were not submitted. Other treatment modalities discussed were to proceed with trigger point injections to the left upper trapezius muscles today, start Naprosyn 550 mg 1 tablet twice a day, start baclofen 10 mg 3 times a day as needed for muscle relaxation. The injured worker had physical examination on 10/17/2013 which revealed continued complaints of neck pain which radiated to her left upper extremity. It was noted the injured worker had no relief of pain from the trigger point injections. It was also noted that a request was put in for an MRI study of the cervical spine. The injured worker did report pain relief from the current medications. The diagnoses for the injured worker were cervical spine pain with radicular symptoms to the left upper extremity, rule out cervical radiculitis, paracervical spine and left upper trapezius muscle spasm, right hand congenital deformity, rotary and positional scoliosis of the cervical spine that needs to be addressed with

more studies, cervical spine disc disease. The treatment plan for the injured worker was to discharge the injured worker from the pain clinic and start on gabapentin 300 mg 1 three times a day. The rationale was not discussed for physical therapy 6 sessions and chiropractic therapy for 6 sessions. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (6 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, 99.

Decision rationale: The request for physical therapy 6 sessions is not medically necessary. The California MTUS states physical medicine is recommended. The physical medicine can be passive, which means those treatment modalities that do not require energy, expenditure on the part of the injured worker, or it can be active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The physical medicine guidelines allow for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For diagnosis or signs and symptoms of unspecified myalgia and myositis, 9 to 10 visits over an 8 week period are supported. The guidelines also recommend for neuralgia, neuritis, radiculitis, unspecified, up to 8 to 10 visits over a 4 week period. The request submitted for physical therapy (6 sessions) does not indicate a frequency or location that the therapy is to be indicated for. It was not reported if the injured worker had participated in past physical therapy or chiropractic sessions. There were no reports from past physical therapy and chiropractic sessions, or acupuncture treatments completed to date with functional gains made with treatment, residual functional deficits, and functional objectives for further care. Therefore, the request is not medically necessary.

CHIROPRACTIC TREATMENT (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The request for chiropractic treatment (6 sessions) is not medically necessary. It is unknown if the injured worker had previous sessions of chiropractic treatment and if so, the injured worker's response to the treatment was not established, residual function deficits, or any medical progress were not reported. The California MTUS for manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The

intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the low back, a trial of 6 visits over a 2 week period with evidence of objective functional improvement, a total of 18 visits over a 6 to 8 week period will be issued. Manual therapy and manipulation is not to be used in elective/maintenance care. A reoccurrence or a flare up of pain may need to be re-evaluated for the treatment of success. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progress in therapeutic exercise program. The request submitted for chiropractic treatment (6 sessions) does not state the specific part of the body to be treated. It was not reported if the injured worker had participated in past physical therapy or chiropractic sessions. There were no reports from past physical therapy and chiropractic sessions, or acupuncture treatments completed to date with functional gains made with treatment, residual functional deficits, and functional objectives for further care. Therefore, the request is not medically necessary.