

<b>Case Number:</b>	CM13-0057270		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Occupational Medicine, and is licensed to practice in Texas. 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:

Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy over the life of the claim; reportedly normal electrodiagnostic testing of the cervical spine and upper extremities of May 23, 2003; and the apparent imposition of permanent work restrictions through permanent and stationary report of July 30, 2002. In a utilization review report of November 4, 2013, the claims administrator partially approved one office visit, one required report, two sessions of manipulative therapy, two sessions of myofascial release therapy, and two physical medicine treatments. The patient's attorney subsequently appealed. On October 7, 2013 progress report with the patient's primary treating provider, a chiropractor, it is notable for a flare up of neck and shoulder pain, rated at 8/10. The patient states that she is having difficulty doing normal activities. The patient is on [REDACTED]. She is given a diagnosis of moderate-to-severe cervical spine pain exacerbation. Manipulative therapy is sought for the patient's residual disability associated with her industrial injury. Additional physical therapy is also seemingly sought. The patient's work status is not clearly detailed on this visit. In the July 30, 2002 permanent and stationary report, it is stated that the patient "will be unable to return to her usual and customary work" and should therefore be afforded a vocational rehabilitation plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX OFFICE VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, the frequency of follow-up visits should be dictated by a patient's work status. In this case, the patient has already been deemed permanent and stationary. Permanent work restrictions have seemingly been imposed. The patient did apparently have a recent flare of pain in October 2013 for which a few sessions of manipulative therapy would be indicated. The six consecutive office visits cannot be supported, however, given the chronicity of the patient's issues. Therefore, the request for six office visits is not medically necessary and appropriate.

**6 REQUIRED REPORTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 35.

**Decision rationale:** While the General Approach to Initial Assessment and Documentation Chapter of the ACOEM Practice Guidelines does acknowledge that an "adequately documented, legible report is essential for accurate billing and legal purposes," in this case, the attending provider has sought six separate reports in conjunction with six separate office visits. The six separate office visits were not certified. Similarly, the six separate reports are also not certified, on independent medical review. The request for six required reports are not medically necessary and appropriate.

**6 CHIROPRACTIC MANIPULATIVE THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, one to two sessions of manipulative therapy are recommended every four to six months in the event of acute flares of chronic pain in those patients who demonstrate treatment success by achieving or maintaining successful return to work. In this case, however, the patient does not appear to have achieved or maintained successful return to work status. The patient does not appear to have worked in what appears to be 10 years. The request for six chiropractic manipulative therapy sessions are not medically necessary or appropriate.

**MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, A FORM OF MASSAGE THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, pages 106, 111, and 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section, Physical Medicine Section Page(s): 60, 98-99.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, massage treatment should be an adjunct to other recommended treatments and should be limited to four to six visits in most cases. In this case, it is not clearly stated how much prior myofascial release therapy the patient has had over the life of the claim. There does not appear to have been a favorable response to the same. It is further noted that pages 98 and 99 of the Chronic Pain Medical Treatment Guidelines recommend active therapy, active modalities, and tapering or fading the frequency of treatment over time. The request for six additional sessions of a passive modality, myofascial release, are not indicated or appropriate in the chronic pain context present here and in the face of the patient's seeming failure to return to any form of work. The request for six sessions of myofascial release/soft tissue mobilization is not medically necessary or appropriate.

**6 ADDITIONAL SESSIONS OF PT MEDICINE TREATMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, pages 106, 111, and 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 8, 98-99.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, a general course of nine to ten sessions of treatment is recommended for myalgias and/or myositis of various body parts, the issue seemingly present here. The Chronic Pain Medical Treatment Guideline also recommends tapering or fading the frequency of treatment over time and emphasizing active therapy and active modalities. The Chronic Pain Medical Treatment Guidelines further states that demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, however, there has been no clear evidence of functional improvement to date. The patient does not appear to have returned to work. It is not clear why physical therapy treatments comprising of passive modalities are being sought, as the Chronic Pain Medical Treatment Guidelines does not endorse the same in the chronic pain context present here. The request for six additional sessions of physical therapy medicine treatment are not medically necessary or appropriate.

**CPT CODE 8556:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Section Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CPT Procedure Code Index Look-Up Tool.

**Decision rationale:** The MTUS does not address the topic of the CPT code 84556. The ODG CPT Procedure Code Lookup Tool states that the code 84556 is an "invalid" CPT code. No narrative rationale or commentary is attached to the request for authorization so as to shed any light on as to what precisely this code represents. It is incidentally noted that the Chronic Pain Medical Treatment Guidelines does state that the overall goals of treatment include reduced reliance on modalities such as that proposed here. The request for unknown CPT code 85556 is not medically necessary or appropriate.