

Case Number:	CM13-0062372		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2002
Decision Date:	08/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine 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:

This is a 46 year old female who injured her neck (Date of Injury: 14 May 2002) and was diagnosed with cervical degenerative disc disease. Details surrounding the initial injury were not available for review. She is presently status post discectomy and fusion at C5-6 and C6-7 (25 Aug 2004) and has chronic neck pain with associated depression secondary to chronic pain. The symptom of neck pain is aggravated by extremes of motion, particularly looking up, and the pain radiates into her arms and hands. She has headaches and has episodes of electricity-like tingling in arms, right more than left, but without any weakness or persistent numbness in either arm. The above symptoms are causing difficulties with activities of daily living. She needs assistance with meal preparation, bathing, dressing, shopping and housekeeping chores. Her other illnesses include Hypothyroidism, Lumbar Degenerative Disc disease, TMJ syndrome and Adrenal Insufficiency. Her height is 5 ft 6 in and weight is 220 lbs. The examination on 10/22/2013, which was the only exam available for review, showed the cervical spines have a slight reduction in their normal curvature with very slight spinous process tenderness in the middle and lower posterior neck but without paravertebral muscle tenderness or spasm. She can flex the neck to bring her chin within 2 fingerbreadths of the sternum and extend it 20 degrees before pain stops the motion. She rotates the neck 70 degrees bilaterally with pain at the end of motion and laterally flexes the neck 20 degrees bilaterally. Upper extremity exam reveals normal 5/5 strength in all muscle groups and a symmetrical 85 lb grip at Jamar Station 2. The Sensory exam reveals slight diminution of pin prick in the left hand (thumb, index and middle fingers) and on the dorsal radial aspect of her left hand and distal left forearm. There is also a diminution of pin prick in the right hand in the long, ring and little fingers only. There is absent reflexes to the right biceps and bilateral triceps reflex exam. The left biceps reflex is weak (+0.5/4) as is the bilateral brachioradialis reflexes (+1/4). After her initial injury she began physical therapy and later

chiropractic therapy before the surgical intervention was performed. Following the surgery she has had recurrent physical therapy and constant chiropractic therapy. Other therapies that she has tried included: acupuncture and injectional therapy. Her treatment with medications include (not all are directed for the treatment of her neck and psychological complaints) Norco, Effexor, Xanax, Lyrica, Topamax, Zanaflex, Flexeril, Soma, Propranolol, Klonopin, Prilosec, multivitamins, Vit E, Vit C, Vit D and D3, DHEA, and Chromium Picolinate. Recent imaging reports available for review include: 6/13/2013 MRI of the neck showing paraspinal fusion of C5-6, no evidence of spinal cord compression or distortion; the 6/24/2013 CT myelogram showing Anterior Cervical Discectomy and Fusion without evidence of complication and multilevel degenerative disc and facet disease most pronounced at C3-4 with mild central stenosis and severe right foraminal stenosis with compression of the exiting right C-4 nerve root. Electrodiagnostic studies performed on 5/8/2011 showed bilateral carpal tunnel syndrome with mild to moderate chronic right C7 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, ONCE A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Part 1; Part 2 Page(s): 1-3, 6, 8; 58-60, Postsurgical Treatment Guidelines Page(s): 11, 26.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic spinal conditions. However, its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. This documentation is lacking for this individual. It is important to note that many studies have shown that the longer a patient has pain the less likely therapy will be effective, and this appears to be the case for this patient, who has had neck pain for over 10 years. Additionally, her ongoing chiropractic treatment for her disorder has been sustained significantly past the 24 visit limitation listed in Labor Code 4604.5 (d)(1) and listed in the California CPMTG. Finally, the provider does not document an endpoint or goal for the therapy requested which is very much a requirement for continued use of manipulative therapy past the allowable standards for care as defined in the MTUS. Such as, Chiropractic treatment, once a week for six (6) weeks is not medically necessary.

PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR THREE (3) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 3, Chronic Pain Treatment Guidelines Part 1 /Part 2 Page(s): 5-6/100-2.

Decision rationale: Physical therapy can be active or passive. Passive may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. However, even with goal directed physical therapy the resultant benefit, even if initiated after neck surgery, should be apparent by the 24 sessions recommended in the MTUS. The physical therapy treatment summary for this patient did not show, even after many physical therapy sessions, functional improvement as defined by the MTUS, that is, improvement in activities of daily living or a reduction in work restrictions. The patient still requires significant help with her activities of daily living, so much so that she is getting home health nursing support almost daily. As noted in the discussion regarding chiropractic care above ongoing physical medicine treatment, such as physical therapy, should be limited to 24 visits after completion of the post-surgical rehabilitation period. Her physical therapy treatments have been recurrently employed significantly greater than that recommended number of visits without successfully returning this patient to an improved functional status. Such as, physical therapy, two (2) times per week for three (3) weeks is not medically necessary.

PSYCHOLOGICAL EVALUATION AND TREATMENT: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 3, Chronic Pain Treatment Guidelines PART 1; PART 2 Page(s): 5-6; 100-102.

Decision rationale: This patient is over 10 years past her date of injury and is still significantly disabled. It is well known that there are multiple barriers to recovery from work-related injuries and psychosocial barriers are common among them. Additionally, the patient's condition has caused development of an associated psychological condition which will require ongoing treatment. Psychological evaluations are in wide spread use for chronic pain populations. They are effective in distinguishing the barriers to recovery and determining psychosocial interventions. The MTUS recognizes that psychosocial intervention is useful for chronic conditions. In order to move this patient into recovery her psychosocial evaluation and treatments will need to continue so as to give her adequate psychological support and prevent her psychological conditions from being a barrier to recovery. Such as, the psychological evaluation and treatment are medically necessary.