

Case Number:	CM13-0065687		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2013
Decision Date:	07/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 32 year old female who was injured on 06/08/2013. The glass of a table top fell on her head She got dizzy and very lightheaded. . Her diagnoses include cervical strain, cervicgia, and cervical disc disease. Prior treatment history has included Naproxen and Cyclobenzaprine. Diagnostic studies reviewed include x-ray of the cervical spine dated 08/10/2013 revealed:1.The C-5-6 disc level showed mild dehiscence of the nucleus pulposus with a 2 mm; a midline disc bulge indenting the anterior portion of the cervical subarachnoid space. There was no compromise of the AP sagittal diameter of the cervical canal; neural foramina are patent; normal articular facets; marked straightening of the cervical curvature compatible with cervical myositis.2.The C6-7 disc level showed mild dehiscence of the nucleus pulposus with a 2 mm midline disc bulge indenting the anterior portion of the cervical subarachnoid space. There was no compromise of the AP sagittal diameter of the cervical canal; neural foramina were patent. There were normal articular facets with marked straightening of the cervical curvature compatible with cervical myositis.Needle electromyography and nerve conduction study dated 07/30/2013 demonstrated borderline to early right median sensory demyelinating neuropathy across the wrists (carpal tunnel). EMG study of the bilateral upper extremities was normal.CT of the head (without intravenous contrast) dated 06/08/2013 revealed no acute intracranial abnormality.PR2 dated 11/05/2013 indicated the patient presented with complaints of intermittent moderate pain in the neck with occasional headaches. Objective findings on exam revealed moderate tenderness to palpation over the C/S with restrictive range of motion and positive ortho tests. The patient was diagnosed with C/S disc disease per MRI. The patient was instructed to continue chiropractic care once a week for 6 weeks.Occupational note dated 06/13/2013 documented the patient was diagnosed with cervical strain and

cervicalgia. She was prescribed physical therapy for 3 times per week for 2 weeks. She was instructed in therapeutic/strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE NECK:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: According to the CA MTUS guidelines, Manual therapy & manipulation is 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. The medical records document the patient had complaints of neck pain with occasional headache. Physical examination revealed moderate tenderness to palpation over the cervical spine with restricted ROM. Based on the reported complaints and examination findings, an initial trial of chiropractic care may be indicated, 4-6 sessions are efficient to produce effect, is supported by the guidelines. However, the request for 2x6 sessions is not supported by the guidelines, and not medically necessary. The chiropractic trial of 4-6 sessions (modified) reasonable, any additional sessions must demonstrate objective functional improvement. The request is medically necessary and appropriate.

ACUPUNCTURE 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to CA MTUS guidelines, Acupuncture is recommended as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records document the patient had complaints of neck pain with occasional headache. Physical examination revealed moderate tenderness to palpation over the cervical spine with restricted ROM. The medical records do not indicate pain level, nor indicate oral medications are not tolerated. The patient is not clearly on a physical rehabilitation program. There is no plan for surgical intervention. The request is not medically necessary according to the guidelines. Furthermore, a trial of chiropractic has been indicated. There is no medical necessity for

acupuncture treatment unless the chiropractic trial fails. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

BIOFEEDBACK 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Biofeedback Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BIOFEEDBACK Page(s): 24-25.

Decision rationale: According to the CA MTUS guidelines, Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The medical records document the patient had complaints of neck pain with occasional headache. Physical examination revealed moderate tenderness to palpation over the cervical spine with restricted Range of Motion (ROM). In the absence of documented current involvement of Cognitive-Behavioral Therapy (CBT) program recently, the request is not medically necessary according to the guidelines.

EXERCISE 2 TIMES PER WEEK FOR 6 WEEKS, FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

Decision rationale: According to the CA MTUS guideline, Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is nonsufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The medical records document the medical records document the patient has complaints of neck pain with occasional headache. Physical examination reveals moderate tenderness to palpation over the cervical spine with restricted Range of Motion (ROM). There is no documented indication that supervised exercise is more beneficial than unsupervised home exercise; therefore, the request is not medically necessary according to the guidelines. The claimant needs to be instructed in an active home exercise program. Medical necessity for the requested service has not been established. The requested item is not medically necessary.