

<b>Case Number:</b>	CM14-0101046		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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:

There were 210 records provided for review. There was a physician peer review from [REDACTED] dated June 23, 2014. The chiropractic therapy two times a week for six weeks to the cervical spine was modified, whereas the physical therapy two times a week for six weeks to the cervical spine and the occipital nerve block were non-certified. Per the records provided, he presented on March 17, 2014 complaining of neck pain. The pain was seven out of 10. He had chiropractic care. He has a past history of nephrolithiasis, diabetes and hypothyroidism. There is tenderness along the occipital region of the cervical spine. The motor and sensory exam was grossly normal. The L4-S1 lumbar facets were tender to palpation and facet loading was positive. He had a neurologic exam on March 19, 2014. He feels that since then his neck pain and headaches are worse. Treatment of the interim has consisted primarily of chiropractic care. Repeat electrodiagnostic studies showed asymptomatic median neuropathy at the wrist and they were otherwise negative. Diagnoses were concussion, cervical cord contusion\concussion with underlying spondylosis and stenosis at C5-C6, C6-C7. There was asymptomatic median neuropathy of both wrists and cervicogenic headaches. [REDACTED] recommends chiropractic manipulation every six weeks. Cervical traction may be a benefit. He is reluctant to use medicines because he is a truck driver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy Cervical Spine 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

**Decision rationale:** The MTUS stipulates that the intended goal of chiropractic care 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. It notes for that elective and maintenance care, such as is proposed in this case, is not medically necessary. In this case, the records fail to attest to 'progression of care'. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. This again is not noted in this case. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This patient should be independent with self rehabilitative care via a home program by this point in care. The request for more chiropractic care is not medically necessary.

**Physical Therapy Cervical Spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy is not medically necessary.

**Occipital Nerve Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter, Neck Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck section, under Greater Occipital Nerve Blocks, both diagnostic and therapeutic.

**Decision rationale:** Under diagnostic occipital nerve blocks, the ODG notes that it is still 'under study'. Further, there was little to no consensus as to what injection technique should be utilized and lack of convincing clinical trials to aid in this diagnostic methodology. Likewise, under therapeutic occipital nerve blocks, the ODG again cites they are 'under study' for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief. Current reports of success are limited to small, non-controlled case series. As the technique is under study, it is not prudent to use it on this claimant unless it is fully proven to be effective. The request is not medically necessary under the ODG guidelines.