

Case Number:	CM14-0103049		
Date Assigned:	09/24/2014	Date of Injury:	01/02/2014
Decision Date:	11/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 32-year-old with a reported date of injury of 01/02/2014. The patient has the diagnoses of post-concussion syndrome, cerebral infarction, and cervical sprain/strain. Per the most recent progress notes provided for review by the primary treating physician dated 03/17/2014, the patient had complaints of continued neck pain. The physical exam noted restriction in cervical range of motion. An MRI dated 05/17/2014 noted early disc desiccation at C2/3 to C6/7 levels, prominent retro cerebellar CSF space, mucous retention cyst, and a nodule in the left lobe of the thyroid. Treatment plan recommendations included following up with a hospital near his town for the cerebellar infarct since a neurologist has not been able to be established for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2x6 for The Cervical Spine: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on manual manipulation and therapy states: 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. Manipulation is Manual Therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Manual manipulation is a recommended treatment option per the California MTUS. However, the recommendations states time to produce effect is 4-6 treatments. Initially for the first 2 weeks, sessions can occur 1-2 times per week but then after once a week. The request for 2 times a week for 6 weeks is in excess of the recommendations. Therefore, the request is not medically necessary.

Acupuncture 2x6 for The Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore, the request is not medically necessary.

Physical Therapy 2x6 Cervical Spine: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-

term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks Physical medicine is a treatment option per the California MTUS for chronic pain. However, the amount of session requested, 2 times a week for 6 weeks, is in excess of the amount of sessions recommended as outlined above per the guidelines. Therefore, the request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluations (FCE)

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts 1. b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. close or at MMI/all, key medical reports secured b. Additional/secondary conditions clarified. There is no documentation of failed prior attempts of return to work or injuries that require detailed exploration of the worker's abilities. The requirements for FCE have not been met per the ODG. Therefore, the request is not medically necessary.