

Case Number:	CM14-0019100		
Date Assigned:	04/23/2014	Date of Injury:	02/23/1990
Decision Date:	07/03/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	02/14/2014

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 52 year old female who was injured on 02/23/1990. She sustained an industrial injury to her neck and shoulders while moving bookcases and desks on 03/09/1987. On 02/23/1990, she experienced a recurrence of a long standing left sided neck and upper back pain that she had been experiencing since the prior injury. Prior treatment history has included several sessions of chiropractic treatment which consisted of manipulation to C1-C2, C4, C7 and T4, T6. The patient received electrical muscle stimulation of trapezial muscle and myofascial release to the trapezius muscle. There are no diagnostic studies for review. The progress note dated 12/09/2013 indicates the patient presents with complaints of moderate to severe pain in the neck which is radiating down the back to the shoulder bilaterally. The patient also reports having daily headaches. She rated her pain at 6/10. The pain is frequent and occurs from 50 to 75% of the time. All movements effect her and lying down increases pain and symptoms. The pain is disturbing her sleep and waking her up at night. The patient is having trouble sweeping, vacuuming and doing yard work. The pain is relieved by hot baths, showers, ice/cold, activities and corrective and stretching exercises to reduce pain. Objective findings on exam reveals visual evaluation reveal head tilt to the left, shoulder high on the left and ilium high on the right. Triceps, biceps and extensor digits test show positive responses bilaterally. Shoulder depression test shows positive responses bilaterally. Soto Hall test shows positive responses bilaterally. Foramina compression shows positive responses bilaterally on the right and left. Shoulder shrug test is positive bilaterally. Cervical range of motion exhibits extension to 37/50; left lateral flexion to 31/40; right lateral flexion to 30/40; left rotation 69/80; right rotation 71/80. The patient is diagnosed with myofasciitis, cervical radiculitis, headaches, and cervical subluxation. Treatment and plan includes electrical muscle stimulation of the trapezius muscle with

manipulation to C1, C2, C4, C7, T4, and T6. Myofascial release was administered to the trapezius muscles. The patient is instructed to return for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 SESSIONS OF CHIROPRACTIC TREATMENTS FOR THE NECK AND BACK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: According to the CA MTUS, 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 was diagnosed with myofasciitis, cervical radiculitis, and cervical subluxation. The patient had received several sessions of chiropractic therapy in the past. In the absence of documented number of sessions that the patient received in the past and the outcome of those treatments and in the absence of significant improvement of pain and function, the request is not medically necessary according to the guidelines. The request is not medically necessary.

1 MESSAGE TREATMENT FOR THE NECK AND BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MESSAGE THERAPY Page(s): 60.

Decision rationale: According to the CA MTUS guidelines, Massage therapy is recommended as an option of treatment that should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The medical records document the patient was diagnosed with myofasciitis, cervical radiculitis, and cervical subluxation. The patient had received sessions of massage therapy in the past. In the absence of documented number of sessions of massage therapy and the outcome of these sessions; also, absence of documented significant improvement of pain and function and as the patient is not actively engaged in physical therapy program, the request is not medically necessary according to the guidelines. The request is not medically necessary.

