MAXIMUS Federal Services

Case Number:	CM14-0125734		
Date Assigned:	08/13/2014	Date of Injury:	10/16/2013
Decision Date:	09/11/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal 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 an injured worker with the diagnoses of cervical sprain and strain. Regarding the mechanism of injury, while the patient was working as a teacher, a girl hit the patient in the left forehead. Primary treating physician's progress report dated 02-24-2014 by [redacted] documented subjective complaints of neck pain and upper trapezius pain. Pain and tension neck is causing pain to build in jaw. Improvement is noted. The patient has more good days, less intensity to neck pain, and headaches are virtually gone. Objective findings were documented. The patient has myofascial tension arising from left shoulder to cervical spine and spreading into cranium. Diagnoses were temporomandibular joint disorder, cervical sprain and strain, and post traumatic headache. Treatment plan included myofascial release, spinal manipulative therapy, joint mobilization and therapeutic exercise twice a week. Agreed Medical Examiner (AME) report dated 03-25-2014 documented the diagnoses of chronic headaches, chronic neck pain, bilateral jaw pain. Objective factors of impairment noted slightly limited cervical range of motion. There was no objective factors pertaining to the patient's upper back. There was no objective factors pertaining to the patient's low back. Cervical spine forward and backward extension range of motion was normal. No motor deficit is found in the upper arms, forearms, or hands. Clinical examination of the neck reveals no spasm in the cervical or trapezius muscles. She limits cervical range of motion to a slight degree. She remains neurologically intact in both upper extremities. Clinically, there is no indication for aggressive or invasive treatment for the patient's neck. Clinical examination of the patient's upper back reveals a mild right thoracic scoliotic deformity. There is no point tenderness to palpation. There is no spasm in the paraspinous muscles. She demonstrates normal rotatory motion. The patient's upper back pain and mid back pain is considered mechanical or myofascial in nature and probably does not require a formal treatment. No relationship between the patient's headaches and her neck

condition was appreciated. No relationship between the patient's neck condition and her jaw pain was appreciated. Utilization review decision date was 06-27-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 64 visits.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,181,Chronic Pain Treatment Guidelines Chiropractic treatment Page 30Manual therapy & manipulation Page 58-60 Page(s): 30, 58-60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provides treatment parameters. Time to produce effect is 4 to 6 treatments. Treatment beyond 4-6 visits should be documented with objective improvement in function. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective improvement in function. Manipulation is a passive treatment. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. The medical records indicate a lack of objective findings to support 64 chiropractic manipulation visits. Motor strength was normal. Cervical spine forward and backward extension range of motion was normal. California MTUS guidelines do not recommend treatment beyond 6 visits without objective improvement in function. The request for 64 chiropractic visits exceeds MTUS guidelines. ACOEM guidelines state that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. ACOEM and MTUG guidelines do not support 64 additional chiropractic visits. Therefore, the request for chiropractic manipulation 64 visits is not medically necessary.

Therapeutic Procedures to develop strength x 31 visits.: 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 Exercise Pages 46-47Physical Medicine Pages 98-99 Page(s): 46-47, 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start

of any treatment or rehabilitation program. MTUS Chronic Pain Medical Treatment Guidelines provide physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Medical records indicate a lack of objective findings to support additional physical medicine treatments. Motor strength was normal. Cervical spine forward and backward extension range of motion was normal. California MTUS guidelines recommend up to 10 physical medicine visits. The request for 31 sessions of therapeutic exercises exceeds MTUS guideline recommendations. Therefore, the request for therapeutic procedures to develop strength x 31 visits is not medically necessary.

new patient office/outpatient visit for evaluation and management.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

Decision rationale: The California MTUS addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. An office outpatient visit was requested, in association with the requests for 64 chiropractic visits and 31 therapeutic exercise sessions. Medical records indicate a lack of objective findings to support additional physical medicine treatments. Motor strength was normal. Cervical spine forward and backward extension range of motion was normal. Because the requests for 64 chiropractic visits and 31 therapeutic exercise sessions was determined to be not medically necessary, the associated request for an office outpatient visit is not necessary.Therefore, the request for new patient office/outpatient visit for evaluation and managementis not medically necessary.