

Case Number:	CM14-0154641		
Date Assigned:	09/24/2014	Date of Injury:	09/30/2003
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 51-year-old with a reported date of injury of 09/30/2003 that occurred as a result of falling from a work site. The patient has the diagnoses of cervical disc syndrome, chronic pain syndrome/sciatica, coronary artery disease/CABG and lumbar disc syndrome. Past treatment modalities have included cervical and lumbar disc fusion and acupuncture. Per the most recent progress notes provided for review from the treating physician dated 07/24/2014, the patient had complaints of continued neck and back pain with radiation of the pain. There was no recorded physical exam. Treatment plan recommendations included continuation of pain medications and pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage - actuated medical sensory nerve conduction threshold (VsNCT) of the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178, 303-305. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna clinical policy bulletin

Decision rationale: The provided progress notes for review state an EMG/NCV of the upper extremities was requested for long standing peripheral tingling. An EMG date d07/30/2014 was normal. Per the Aetna clinical policy bulletin, the requested test is not covered because: I. Aetna considers quantitative sensory testing (QST), also known as pressure-specified sensory device testing, experimental and investigational for the evaluation of musculoskeletal pain, the management of individuals with neuropathy, prediction of the response to opioid treatment, or any other diagnoses because its diagnostic value has not been established. II. Aetna considers current perception threshold (CPT) testing experimental and investigational because the effectiveness and clinical applicability of this testing in diagnosing and/or managing diabetic peripheral neuropathy or other diseases has not been established. III. Aetna considers voltage-actuated sensory nerve conduction threshold (VsNCT) testing (e.g., by means of the Medi-Dx 7000 or the Neural-Scan) experimental and investigational because its clinical value has not been established in the peer-reviewed published medical literature. Per the ACOEM chapters on neck and low back complaints, special diagnostic testing is indicated when: - Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure There is no indication of red flags on the physical exam, no documented physiologic evidence of tissue insult or neurologic dysfunction and no planned invasive procedures. The requested test is also considered experimental and not supported by literature. For these reasons the criteria set forth for special diagnostic testing per the ACOEM have not been met. Therefore the request is not medically necessary.

12 Chiropractic manipulation sessions:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-9. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical treatment guidelines section on manual therapy and manipulation 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, total of 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. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments Frequency: 1 to 2 times per week the first 2 weeks, as indicated

by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician.

Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is recommended as a treatment option for chronic pain per the California MTUS. However the amount requested is in excess of the recommendations. There has been no documented trail with objective improvement in function. There has not been an established cause in the progress notes why the patient would need more sessions that the California MTUS recommends. For these reason criteria as set forth above per the California MTUS have not been met. Therefore the request is not medically necessary.