

<b>Case Number:</b>	CM14-0184448		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/01/1994
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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:

Patient is a 54 year-old female with date of injury 07/01/1994. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2014, lists subjective complaints as constant moderate right neck and shoulder pain that radiates down the right arm. Objective findings: Examination of the cervical spine revealed range of motion was limited in extension and lateral flexion. There was moderate tenderness to palpation along the right cervical paraspinals into trapezius/rhomboids. Radicular pain with palpation into the right C/D region. Diagnosis: 1. Cervicalgia 2. Cervical radiculitis 3. Low back pain/lumbar radiculitis. Original reviewer modified chiropractic request from 6 sessions to 2 sessions. Patient has attended 7 sessions of chiropractic care to date and reports a 50% improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation times 6 sessions:** Overturned

**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 Page(s): 58-60.

**Decision rationale:** The request is for 6 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 6 chiropractic visits is in accordance with the MTUS as appropriate to establish whether the treatment is effective. I am reversing the previous utilization review decision. Chiropractic Manipulation times 6 sessions is medically necessary.

**Ultrasound times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Ultrasound, therapeutic

**Decision rationale:** According to the Official Disability Guidelines, there is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Ultrasound times 6 is not medically necessary.

**Intersegmental Traction with Heat times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 146-147.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Traction

**Decision rationale:** The Official Disability Guidelines recommend home cervical patient-controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. The office-based powered traction unit used to provide intersegmental traction is not recommended by the ODG. Intersegmental Traction with Heat times 6 is not medically necessary.