

Case Number:	CM14-0024884		
Date Assigned:	06/11/2014	Date of Injury:	03/05/2008
Decision Date:	08/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 45-year-old female who reported an injury on 03/05/2008 due to a fall at work, when she fell backwards and hit her head and neck on a metal cabinet. The injured worker had a physical examination on 04/16/2014 with complaints of constant pain in the neck and the shoulders. She stated that the pain radiates to the forearm, hand and fingers on the right side. The injured worker also reported that there was tingling and pain up and down the bilateral sides of her body, right greater than left. The injured worker had complaints of insomnia, vision impairment from her right eye and hearing impairment from the same side. The injured worker stated that she was unable to bathe/shower, secondary to pain and immobility. The injured worker complained of stiffness and immobility of the neck and cervical spine. She also stated that she is having extreme difficulty with activities of daily living and unable to drive herself due to immobility. Physical examination revealed objective findings of paraspinal muscle tenderness to palpation in the cervical spine. Restricted and painful ranges of motion were noted to the cervical spine. Decreased sensation to light touch was noted in the cervical spine. There were headaches secondary to neck and head pain and sensitivity to light touch on the right side of the head. Restricted and painful ranges of motion were noted to the lumbar spine. There was stiffness of the lumbar spine with right leg radiculopathy as well as a depressive affect and mood, skin pigmentation on the face and forehead, hands and arms. Numbness in the sole of the left foot was noted. Left side body stiffness and weakness was present and bilateral lower extremity radiculopathy. She also stated that she fell on the right side and is becoming increasingly unstable. The injured worker has a home nurse, who reported that the injured worker had several fall episodes. The pain level was stated to be a 10/10. The diagnoses for the injured worker were cervical spine sprain/strain syndrome; cervical radiculopathy secondary to

trauma to the cervical spine, secondary to the cervical epidural steroid injection; cervical arthropathy at C0-1 and C1-2 on the right side; occipital neuralgia; postconcussion syndrome; lumbar spine sprain/strain syndrome. The injured worker's medications were Xanax 1 mg 1 tablet 3 times a day, Soma 350 mg 1 tablet 3 times a day, Ambien CR 12.5 as 2 tablets at bedtime, Lexapro 10 mg 1 tablet daily, Ultram ER 300 mg 1 tablet daily, Gralise 600 mg 3 tablets with evening meal, Diovan 160/12.5 as 1 tablet daily and Norco 10/325 mg 1 tablet twice a day. Diagnoses were cervical spine sprain/strain syndrome, cervical radiculopathy secondary to: trauma to the cervical spine, secondary to the cervical epidural steroid injection, cervical arthropathy C0-C1 and C1-C2 right side, occipital neuralgia, post-concussion syndrome, lumbar spine sprain/strain syndrome, skin pigmentation secondary to medications, deferred, dental disruption, possible xerostomia, deferred, high blood pressure, secondary to pain and anxiety, depression and anxiety, chronic fatigue syndrome, insomnia. Prior treatments were epidural steroid injections which the injured worker stated it punctured her spinal cord. She has had trigger point injections, massage, and aquatherapy. Outcome of these treatments were not reported. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 VISITS OF CHIROPRACTIC CARE FOR THE LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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

Decision rationale: The request for 18 visits of chiropractic care for the lower back is not medically necessary. The injured worker stated that she had previous chiropractic therapy sessions. There were no reports from the previous chiropractic sessions reporting evidence of objective functional improvement. The California Medical Treatment Utilization Schedule states that the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. A trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24). The request for 18 visits of chiropractic care exceeds the recommended 6 to 12 visits. Previous chiropractor treatments were mentioned by the injured worker. However, reports from those sessions were not available to show functional improvement or not. Therefore, the request is not medically necessary.

18 VISITS OF CHIROPRACTIC CARE FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION Page(s): 58.

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

Decision rationale: The request for 18 visits of chiropractic care for the neck are not medically necessary. The injured worker stated that she had previous chiropractic therapy sessions. There were no reports from the previous chiropractic sessions reporting evidence of objective functional improvement. The California Medical Treatment Utilization Schedule states that the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. A trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24). The request for 18 visits of chiropractic care exceeds the recommended 6 to 12 visits. Previous chiropractor treatments were mentioned by the injured worker. However, reports from those sessions were not available to show functional improvement or not. Therefore, the request are not medically necessary.

TRANSPORTATION FOR DAILY LIVING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation.

Decision rationale: The request for transportation for daily living is not medically necessary. The Official Disability Guidelines state that transportation is recommended for medically necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self transport. The medical necessity has not been established for transportation for daily living. The guidelines do not support transportation for daily living, only for medical necessity. Therefore, the request is not medically necessary.

18 VISITS OF PHYSICAL THERAPY FOR THE LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 18 visits of physical therapy for the lower back is not medically necessary. The injured worker was referred to physical therapy in the past which is documented, and she did not pursue, she reported it increased her pain. The California Medical Treatment Utilization Schedule states physical medicine is recommended. There is active therapy and passive therapy. Passive can provide short term relief of pain. Active therapy helps to increase range of motion, strength, endurance, activity. The guidelines states to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home

exercises. For unspecified myalgia and myositis a 9-10 visits over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is supported. The injured worker had aquatic therapy in the past; however, functional outcome was not reported. Therefore, the request is not medically necessary.

18 VISITS OF PHYSICAL THERAPY FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 18 visits of physical therapy for the neck are not medically necessary. The injured worker was referred to physical therapy in the past which is documented, and she did not pursue, she reported it increased her pain. The California Medical Treatment Utilization Schedule states physical medicine is recommended. There is active therapy and passive therapy. Passive can provide short term relief of pain. Active therapy helps to increase range of motion, strength, endurance, activity. The guidelines states to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. For unspecified myalgia and myositis a trial of 9-10 visits over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are supported. The injured worker had aquatic therapy in the past. Functional outcome was not reported. Therefore, the request are not medically necessary.