

Case Number:	CM14-0044903		
Date Assigned:	07/02/2014	Date of Injury:	03/05/2013
Decision Date:	11/10/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 58-year-old with a reported date of injury of 03/05/2013. The patient has the diagnoses of cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, bilateral shoulder impingement syndrome, bilateral shoulder sprain/strain, right shoulder pain, sleep disturbance and anxiety. Per the progress reports provided by the primary treating physician dated 03/04/2014, the patient had complaints of cervical spine pain, lumbar spine pain, bilateral shoulder pain, loss of sleep and anxiety. The physical exam noted cervical spine paraspinal tenderness and decreased range of motion with spasm and a positive compression test. The lumbar spine had trigger points with painful range of motion and positive bilateral Kemp's test and straight leg raise tests. The left shoulder had painful range of motion with positive tenderness to palpation. The right shoulder had tenderness to palpation and painful range of motion. The treatment plan recommendations included psyche consult, sleep study report, continued LINT therapy, podiatry consult, schedule right shoulder surgery and request for chiropractic care and lumbar spinal decompression therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2X4 (cervical, thoracic, lumbar): 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 manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual 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. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 8 sessions. Therefore, Chiropractic session 2X4 (cervical, thoracic, and lumbar) is not medically necessary.

Spinal decompression therapy 1 X12 (cervical, thoracic, lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Low Back Procedure Summary last updated 02/13/2014

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or

without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The request is for 12 sessions which is more than the recommended 9-10 sessions. There is no explanation why the patient would need continuing physical therapy and not be transitioned to active self-directed physical medicine. In the absence of such documentation, the request for Spinal decompression therapy 1 X12 (cervical, thoracic, lumbar) is not medically necessary.