

Case Number:	CM14-0049481		
Date Assigned:	07/07/2014	Date of Injury:	08/28/2000
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 64 year old employee with date of injury of 8/28/2000. Medical records indicate the patient is undergoing treatment for Degenerative disc disease C-5, 6-7 and myofascial pain. Subjective complaints include variable improvement in her right sided neck. Pain level: 4-8/10. Objective findings include Range of motion (ROM), flexion, 40/50 with pain; extension, 40/60 with pain; tenderness on palpation, occiput: severe, right cervicothoracic: moderate. Muscle spasm: cervicothoracic junction: right moderate to severe; trapezius; moderate. Orthopedic tests: head compression: positive; head distraction; positive; Soto-Hall, positive. Treatment has consisted of SMT Cervical spine; cold therapy; therapeutic strengthening will resume when sub-acute; traction; muscle stimulation; stretching; use ice for neck pain. The utilization review determination was rendered on 4/11/2014 and was determined not medically necessary for SMT Qty 4, Mechanical Traction Qty 4 and Therapeutic Strengthening Qty 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

SMT Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for SMT, mechanical traction, muscle stimulation, and therapeutic strengthening. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 98-99.

Decision rationale: MTUS states A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care (Substantive, measurable functional gains with remaining functional deficits) have been achieved, a follow-up course of treatment may be indicated consisting of another 4-12 visits over a 2-4 week period. According to the study, one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. (Globe, 2008) These recommendations are consistent with the recommendations in ODG, which suggest a trial of 6 visits, and then 12 more visits (for a total of 18) based on the results of the trial, except that the Delphi recommendations in effect incorporate two trials, 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). Payers may want to consider this option for patients showing continuing improvement, based on documentation at two points during the course of therapy, allowing 24 visits in total, especially if the documentation of improvement has shown that the patient has achieved or maintained RTW. The patients original date of injury is over 14 years ago and the patient received previous chiropractic therapy that should have included a home exercise program. The medical records provided do not document any new or acute injuries. The treating physician has not provided medical documentation to justify additional chiropractic treatment at this time. As such the request for SMT quantity of 4 is not medically necessary.

Mechanical Traction Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for SMT, mechanical traction, muscle stimulation, and therapeutic strengthening. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Upper Back Procedure Summary.

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, Traction.

Decision rationale: ODG states, 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. (Aetna, 2004)

(Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. 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. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004) This Cochrane review found no evidence from RCTs with a low potential for bias that clearly supports or refutes the use of either continuous or intermittent traction for neck disorders. (Graham, 2008) The Pronex and Saunders home cervical traction devices are approved for marketing as a form of traction. Although the cost for Pronex or Saunders is more than an over-the-door unit, they are easier to use and less likely to cause aggravation to the TMJ. Therefore, these devices may be an option for home cervical traction. (Washington, 2002) For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction. The treating physician does not document radicular or neurologic deficits in the upper extremities to justify traction at this time. As such, the request for Mechanical Traction quantity of 4 is not medically necessary.

Muscle Stimulation Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for SMT, mechanical traction, muscle stimulation, and therapeutic strengthening. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page(s) 114-116.

Decision rationale: MTUS states regarding TENs unit, Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states criteria for selection:- Documentation of pain of at least three months duration - There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended;

if a 4-lead unit is recommended, there must be documentation of why this is necessary. The treating physician has not provided medical documentation to meet the above MTUS guidelines. As such, the request for Muscle Stimulation Qty 4 is not medically necessary.

Therapeutic Strengthening Qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Evidence citations for SMT, mechanical traction, muscle stimulation, and therapeutic strengthening. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: MTUS states Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. 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, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) A recent study of the long term impact of aerobic exercise on musculoskeletal pain, in a prospective cohort of 866 healthy seniors followed for 14 years, found that exercise was associated with a substantial and significant reduction in pain even after adjusting for gender, baseline BMI and attrition, and despite the fact that fractures, a significant predictor of pain, were slightly more common among exercisers. (Bruce, 2005) A recent trial concluded that active physical treatment, cognitive-behavioral treatment, and the two combined each resulted in equally significant improvement, much better compared to no treatment. (The cognitive treatment focused on encouraging increased physical activity (Smeets, 2006) which included progressive walking, simple strength training, and stretching improved functional status, key symptoms, and self-efficacy in patients with fibromyalgia. (Rooks, 2007) Physical conditioning in chronic pain patients can have immediate and long-term benefits, according to a low-quality study presented at the American Academy of Pain Medicine 24th Annual Meeting. (Burleson, 2008) Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs. (Gusi, 2008) An educational technique known as the Alexander technique, along with exercise, is effective for long-term relief of chronic low back pain, according to the results of a randomized trial reported in the BMJ. (Little, 2008) The patient's original date of injury is over 14 years ago and the patient should be familiar with a home exercise program. The medical records provided do not document any new or acute injuries. The treating physician has not provided medical documentation to justify a strengthening program at this time. As such the request for Therapeutic Strengthening quantity of 4 is not medically necessary.