

<b>Case Number:</b>	CM14-0135064		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 59 year old female with an injury date of 07/24/11. Based on the 05/16/14 progress report, the patient has pain and stiffness in her neck, motion limitation, intolerance for physical activities, increased weakness in both upper extremities, and has been dropping things a lot. She rates her pain as a 5-7/10. The 06/06/14 report indicates that the patient's neck pain radiates to her bilateral shoulder and lateral upper extremity. Her pain is exacerbated with neck flexion, extension, lateral bending, and working on the computer. The 06/27/14 report states that she has weakness in her right upper extremity and has sleep disruptions. She rates her pain as a 4-8/10, has paracervical spasm, myofascial tenderness, 60% of normal range of motion, positive cervical facet loading maneuver, and a positive spurlings maneuver on the right. The 02/07/14 MRI of the cervical spine reveals the following: 1. Diffuse degenerative and hypertrophic changes with disc bulges throughout mid and lower cervical levels 2. Moderately severe central canal stenosis C5-6 with moderate narrowing at C4-5 3. Multilevel neuroforaminal narrowing appears severe on the left at C5-6 4. Mild vertebral body offsets of C4 and C5. The patient's diagnoses include the following: 1. Cervical spondylosis with intermittent radiculopathy 2. Cervical spinal stenosis 3. Cervical radiculitis. The utilization review determination being challenged is dated 07/09/14. Treatment reports are provided from 06/12/13- 08/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient ortho-bionomy six (6) sessions for the cervical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Manual therapy & manipulation Page(s): 60, 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic) chapter, Manipulation

**Decision rationale:** The patient presents with pain and stiffness in her neck, motion limitation, intolerance for physical activities, increased weakness in both upper extremities, and has been dropping things a lot. The request is for 6 sessions of ortho-bionomy. The 06/27/14 report states that there is a society of ortho-bionomy that describes the treatment as a gentle, non-invasive, system of healing that reminds the body of its natural ability to restore balance. There does not appear to be any licensing body for those practitioners. She has self-procured a couple of sessions and notes that it has helped. The utilization review determination denial is that alternative medicine manipulation such as this are not supported in general. She rates her pain as a 4-8/10, has paracervical spasm, myofascial tenderness, 60% of normal range of motion, positive cervical facet loading maneuver, and a positive spurlings maneuver on the right. None of the guidelines specifically address "ortho-bionomy" treatment method but MTUS Guidelines, page 60 regarding massage therapy, state the following: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. ODG Guidelines, Neck and Upper Back (Acute and Chronic) chapter, Manipulation section state the following: Recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Further, several reports have, in rare instances, linked chiropractic manipulation of the neck in patients 45 years of age and younger to dissection or occlusion of the vertebral artery. The rarity of cerebrovascular accidents makes any association unclear at this time and difficult to study. It appears that the patient has had prior ortho-bionomy sessions; however, there is no indication of how many sessions the patient has had in the past or when these sessions took place. The 06/27/14 report states that prior ortho-bionomy has helped. There is no documentation of any specific functional improvement from the prior sessions. There is only a general statement provided indicating those ortho-bionomy sessions helped. Furthermore, MTUS Guidelines allow 4-6 visits for massage or manipulation treatments. Given the lack of specific discussion regarding "ortho-bionomy" treatments in the guidelines and the lack of adequate documentation regarding its efficacy and description, the request is not medically necessary.