

Case Number:	CM14-0182430		
Date Assigned:	11/07/2014	Date of Injury:	10/06/1989
Decision Date:	02/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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:

The patient is an injured worker with cervical and lumbosacral conditions. Date of injury was 10-06-1989. Neurology progress report dated February 18, 2014 documented subjective complaints of some limited range of motion of the right shoulder. She was able to go to the physical therapy. She is still seeing her chiropractor. She is taking Cymbalta 20 mg daily. No known drug allergies were noted. Objective findings were documented. She was alert and pleasant. Neck demonstrated bilateral musculoskeletal paraspinal tension. Speech was clear without evidence of dysarthria or dysphasia. The patient was alert and oriented. Recent and remote memory were intact. Patient was able to follow commands. Affect was appropriate. Insight and judgement appeared intact. Fund of knowledge was adequate. No evidence of any formal thought disorder, delusions, or hallucinations. Motor examination demonstrated intact strength in bilateral upper extremities 5/5. Tone was normal. No atrophy was noted. Reflexes were 2+ in bilateral upper extremities. Gait was unremarkable without ataxia. Diagnoses were cervical spondylosis, musculoligamentous strain, degenerative spondylosis, cervical disc protrusion, cephalalgia, musculoskeletal strain, lumbosacral musculoligamentous strain, spondylosis, lumbosacral disc bulges, right musculoskeletal shoulder strain, history of prior bilateral carpal tunnel syndrome, and hyperlipidemia. Treatment plan included Cymbalta and physical therapy. Utilization review determination date was 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with home traction (Quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, and Gross AR, Aker PD, Goldsmith CH, Peloso P. Physical medicine modalities for mechanical neck disorders (Cochrane Review). In: The Cochrane Library, Issue 3, 2002. Oxford: Update Software.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Medical records indicate that patient had physical therapy in the year 2013. The patient had chiropractic treatments in the years 2013 and 2014. MTUS guidelines allow for up to 10 physical therapy visits. No exceptional factors were noted supporting the request to exceed the guideline recommendations. Physical therapy (PT) was requested on 10/7/14. The number of physical therapy visits was not specified in the request. The latest progress report submitted for review was dated 2/18/14. Without recent clinical progress reports, the 10/7/14 request for physical therapy is not supported. Therefore, the request for Physical Therapy with home traction is not medically necessary.

Chiropractic (Quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181; 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment, Manual therapy & manipulation Page(s): 30; 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. The maximum duration of chiropractic treatment is 8 weeks. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and

palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that a prolonged course of manipulation (longer than 4 weeks) is not recommended. Medical records indicate that patient had physical therapy in the year 2013. The patient had chiropractic treatments in the years 2013 and 2014. Chiropractic was requested on 10/7/14. The number of chiropractic treatments was not specified in the request. The latest progress report submitted for review was dated 2/18/14. Without recent clinical progress reports, the 10/7/14 request for chiropractic is not supported. Therefore, the request for chiropractic (quantity unspecified) is not medically necessary.

TENS Unit (Quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183; 300, 308-310, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states that TENS is not recommended. Medical records indicate that TENS was requested on 10/7/14. The latest progress report submitted for review was dated 2/18/14. Without recent clinical progress reports, the 10/7/14 request for TENS is not supported. MTUS and ACOEM guidelines do not support the medical necessity of TENS. Therefore, the request for TENS unit is not medically necessary.

Pool/Aquatic Therapy (Quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that aquatic therapy is an optional form of exercise therapy and an

alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. Medical records indicate that patient had physical therapy in the year 2013. The patient had chiropractic treatments in the years 2013 and 2014. Aquatic therapy was requested on 10/7/14. The number of aquatic therapy treatments was not specified in the request. The latest progress report submitted for review was dated 2/18/14. Without recent clinical progress reports, the 10/7/14 request for aquatic therapy is not supported. Therefore, the request for pool/aqua therapy (quantity unspecified) is not medically necessary.

Acupuncture (Quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173-175; 300, Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. ACOEM Chapter 8, Neck and Upper Back Complaints, Pages 173-175, states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. Medical records indicate that patient had physical therapy in the year 2013. The patient had chiropractic treatments in the years 2013 and 2014. Acupuncture was requested on 10/7/14. The number of acupuncture treatments was not specified in the request. The latest progress report submitted for review was dated 2/18/14. Without recent clinical progress reports, the 10/7/14 request for acupuncture is not supported. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended. Therefore, the request for acupuncture (quantity unspecified) is not medically necessary.