

Case Number:	CM14-0207408		
Date Assigned:	12/19/2014	Date of Injury:	10/27/2011
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 33 year old female with a date of injury of 10/27/2011. She was driving 75 miles/hour on a highway and was rear ended. She had neck and back pain. On 07/27/2012 she had a cervical (disc) arthroplasty and on 11/07/2012 she had a lumbar hybrid (disc) arthroplasty. She had 72 visits of physical therapy in 2012 and 24 physical therapy visits in 2013. On 01/21/2014 a MRI of the cervical spine revealed the disc replacement and C6-C7 1 to 2 mm disc bulge. A lumbar MRI that day revealed the disc replacement and the previous L5-S1 fusion with instrumentation in place. There was no central canal or neural foraminal stenosis. On 02/26/2014 a CAT scan of the cervical spine documented that the C6-C7 hardware was intact and a CAT scan of the lumbar spine also noted that the hardware was intact. On 03/17/2014 and on 06/10/2014 she had lumbar epidural steroid injections that provided 95% relief. On 03/17/2014, 04/25/2014 and 08/08/2014 she had cervical epidural steroid injections. On 10/02/2014 she had trigger point injections that provided 90% relief. She has also been treated with multiple courses of acupuncture, chiropractic visits, massage therapy, TENS unit home treatment, TENS unit treatment during therapy, braces, ice packs, heat packs and medication (steroids, opiates, NSAIDS and muscle relaxants). She has received medication to help her sleep. She had additional acupuncture visits on 03/28/2014, 05/06/2014, 06/25/2014 and 08/25/2014. She had 7/10 or 8/10 neck pain and lumbar pain. On 08/06/2014 her pain was unchanged. On 10/15/2014 she had continued neck and back pain. Neck was tender to palpation and had a decreased range of motion. She had a decreased lumbar range of motion. Sensation was intact. She was able to heel walk. Reflexes were symmetric. Romberg sign was not present. The listed diagnoses were cervical sprain, radiculopathy and lumbar radiculopathy with sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) : Low Back, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Neck - Physical Therapy and Back - Physical Therapy.

Decision rationale: There is no specified body part for which physical therapy is requested; this, physical therapy is not medically necessary. She had approximately 100 physical therapy visits and that far exceeds any of the MTUS chronic pain, ODG or ACOEM guideline maximum number of physical therapy visits for any of her listed diagnoses (up to a maximum of 10 -12 visits since surgery was years ago). By this point in time relative to the injury, the patient should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy is superior to a home exercise program at this point in time relative to the injury. Also, there is no objective documentation of any impairment that would preclude a home exercise program at this point in time.

Acupuncture 2 x 4 (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is no body part for which continued acupuncture is requested. Thus it is not medically necessary. She had previous acupuncture visits in 2014 and there was no objective documentation of any functional improvement. Thus, repeat/continued acupuncture is not consistent with the acupuncture guidelines.

Chiropractor 2 x 4 (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: There is no requested body part; thus, chiropractic manipulation is not medically necessary. 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. Page 59 notes the number of visits that should be provided, "Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The requested 8 visits is not consistent with the MTUS guidelines for an initial course of chiropractic manipulation.