

Case Number:	CM14-0020838		
Date Assigned:	04/30/2014	Date of Injury:	10/04/2012
Decision Date:	01/21/2015	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 is a 52 year old patient with date of injury of 10/04/2012. Medical records indicate the patient is undergoing treatment for cervicalgia, displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, degeneration of cervical intervertebral disc, cervical facet joint syndrome, myalgia, bilateral neuroforaminal stenosis at C6-C7, grade 1 retrolisthesis of C3 over C4. Subjective complaints include pain in cervical spine rated 8/10. The pain is described as throbbing. The patient's lumbar spine pain is rated 8/10, worsening with twisting and radiates down bilateral legs. Objective findings include toe/heel walk is intact, decreased range of motion flexion 40 degrees. Treatment has consisted of acupuncture, LINT therapy, Capsaicin/Flurbiprofen/Tramadol/ Menthol/Camphor and Flurbiprofen/Cyclobenzaprine. The utilization review determination was rendered on 02/06/2014 recommending denial of 12 session's chiropractic treatments and 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS CHIROPRACTIC TREATMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 58-60

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks.c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities."ODG writes, "it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Additionally, ODG details criteria for treatment:-Regional Neck Pain: 9 visits over 8 weeks-Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below.oMild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeksoModerate (grade II): Trial of 6 visits over 2-3 weeksoModerate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicityoSevere (grade III): Trial of 10 visits over 4-6 weeksoSevere (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity-Cervical Nerve Root Compression with Radiculopathy:oPatient selection based on previous chiropractic success --Trial of 6 visits over 2-3 weeksoWith evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care-Post Laminectomy Syndrome: 14-16 visits over 12 weeksMedical documentation provided indicates the patient is being treated for cervical radiculopathy. The guidelines recommend a trial of 6 visits over 2-3 weeks then a reevaluation for functional improvement. The requested number of sessions is in excess of guideline recommendations. As such, the request for 12 sessions chiropractic treatments is not medically necessary.

6 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The medical records indicate that this patient has attended an unknown number of acupuncture sessions. The medical records provided do not indicate functional improvements as a result of acupuncture. On the most recent acupuncture notes provided, this patient is still reporting a pain level of 8/10, which is consistent with his pre-therapy pain. As such, the request 6 sessions of acupuncture is not medically necessary.