

Case Number:	CM15-0139587		
Date Assigned:	07/29/2015	Date of Injury:	02/12/2003
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 injured worker is a 54-year-old female who sustained an industrial injury on February 12, 2003. She developed pain in the neck, both wrist, and low back due to repetitive and continuous activities while at work. She has reported injury to the neck, bilateral wrists, mid back pain, and low back pain and has been diagnosed with cervical spine sprain strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, status post bilateral wrist ORIF with residual pain, thoracic spine pain rule out herniated nucleus pulposus, lumbar spine sprain strain rule out herniated nucleus pulposus, and rule out radiculitis lower extremity. Treatment has included medical imaging, surgery, physical therapy, and medications. Range of motion to the cervical spine was decreased. There was tenderness to the cervical spine. There was tenderness at the carpal tunnel and first dorsal extensor muscle compartment. There was decreased range of motion to the right and left wrist. There was tenderness over the thoracic spine with decreased range of motion. There was tenderness over the lumbar spine with decreased range of motion. The treatment plan included pain management, consultation, cervical epidural steroid injection, physical therapy, acupuncture, chiropractic care, and medications. The treatment request included chiropractic care for the cervical, lumbar, and bilateral wrist and acupuncture for the cervical, lumbar, and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy to the cervical and lumbar spine and bilateral wrists, twice weekly for eight weeks: Upheld

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

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 re-evaluated. 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. Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks. Moderate (grade II): Trial of 6 visits over 2-3 weeks. Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity. Severe (grade III): Trial of 10 visits over 4-6 weeks. Severe (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: Patient selection based on previous chiropractic success. Trial of 6 visits over 2-3 weeks. With 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 weeks. Medical records indicate that that patient has undergone previous chiropractic treatment. The documents provided did not indicate how many sessions the patient has undergone. Therefore, it is unclear if the trial therapy has been completed or not. The guidelines can allow for therapy up to 25 sessions, however, treating physician does not note any improved objective or subjective findings, which is necessary for ongoing therapy. As such, the request for Additional chiropractic therapy to the cervical and lumbar spine and bilateral wrists, twice weekly for eight weeks is not medically necessary.

Additional acupuncture to the cervical and lumbar spine and bilateral wrists, twice weekly for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 a utilization review has approved for a trial course of acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a result of acupuncture to warrant ongoing therapy. As such, the request for Additional acupuncture to the cervical and lumbar spine and bilateral wrists, twice weekly for eight weeks is not medically necessary.