

Case Number:	CM15-0142588		
Date Assigned:	08/03/2015	Date of Injury:	04/23/2003
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 64-year-old female with an April 23, 2003 date of injury. A progress note dated June 23, 2015 documents subjective complaints (discomfort described as sharp, aching, burning, numbness, tingling, shooting pain and throbbing; pain rated at a level of 4 out of 10 with medications and 8-9 out of 10 with medications), objective findings (spinal restriction-subluxation at C1, C2, C3, C4, C5, C6, C7, L1, L2, L3, L4 and L5; pain and tenderness to the upper to mid cervical, mid to low cervical upper lumbar and lower lumbar spine; moderate muscle spasms noted in the lumbar, left lumbar, right lumbar posterior cervical, left neck and right neck; decreased range of motion; tenderness with palpation to the cervical and lumbar spine area), and current diagnoses (cervical spine sprain or strain; lumbar sprain or strain). Treatments to date have included cervical spine fusion, imaging studies, and medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a neurology consultation and six chiropractic physical rehabilitation sessions with massage therapy for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Acute & Chronic), Office visit. 2015 version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, one neurology consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical sprain strain; status post cervical fusion 2013; and lumbar sprain strain. The date of injury is April 23, 2003. The request for authorization is July 2, 2015. According to a progress note dated June 23, 2015, the subjective section does not include a specific anatomical area. The progress note dated May 22, 2015 indicates cervical and lumbar pain. The subjective documentation indicates sharp, aching, burning, numbness and tingling with a pain scale of 4/10 with medication. Objectively, there is tenderness over the cervical paraspinal and lumbar paraspinal muscle groups with decreased range of motion. There is no neurologic evaluation. There is no clinical indication for a neurology consultation in the absence of a neurologic examination. There is no clinical indication or rationale for a neurologic consultation. Consequently, absent clinical documentation demonstrating a neurologic examination and deficit and a clinical indication and rationale for a consultation, one neurology consultation is not medically necessary.

6 Chiropractic physical rehab with massage therapy for cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic and Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six chiropractic- physical rehabilitation with massage therapy for the cervical and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser

treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are cervical sprain strain; status post cervical fusion 2013; and lumbar sprain strain. The date of injury is April 23, 2003. The request for authorization is July 2, 2015. The documentation in the medical record indicates the injured worker received multiple courses of physical therapy. On April 30, 2014, the injured worker received aquatic therapy. On June 6, 2014, the injured worker received the third out of six physical therapy sessions to the low back. On March 10, 2015 the injured worker had physical therapy to the neck (two out of four sessions). There is no documentation indicating prolonged benefit from physical therapy. There is no objective functional improvement associated with ongoing physical therapy. The injured worker recently completed two sets of physical therapy. There were no long-lasting results. Additional modalities requested by the treating provider include electrical stimulation, ultrasound, hot cold packs on the neck and lumbar. Consequently, absent clinical documentation demonstrating objective functional improvement, the total number of physical therapy sessions to date, compelling clinical facts indicating additional physical therapy is warranted and guideline non-recommendations for modalities (electrical stimulation, ultrasound, hot cold packs), six chiropractic- physical rehabilitation with massage therapy for the cervical and lumbar spine is not medically necessary.