

Case Number:	CM15-0144095		
Date Assigned:	08/05/2015	Date of Injury:	07/23/2006
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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(n) 60 year old female, who sustained an industrial injury on 7-23-08. She reported neck, upper back and right hand pain related to repetitive motions. The injured worker was diagnosed as having cervicgia, cervical radiculitis and other tenosynovitis hand or wrist. Treatment to date has included physical therapy, chiropractic treatments, trigger point injections and an EMG-NCV study with normal results. On 2-9-15 the injured worker rated her pain an 8 out of 10, with symptoms happening intermittently 26-50% of the day. As of the PR2 dated 7-15-15, the injured worker reports worsening pain in her neck, upper back and right hand. Objective findings include cervical flexion 75 degrees, extension 30 degrees and rotation 45 degrees. The treating physician also noted tenderness in the bilateral cervical paraspinal, upper trapezius and mid trapezius muscles. The treating physician requested physical therapy x 12 session for the cervical spine, a TENS unit trial and a mechanical traction unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, qTY: 12: Upheld

Claims Administrator 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), Neck & Upper Back, physical therapy guidelines.

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

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with neck, upper back and right hand pain, with occasional numbness of right hand, and headaches. The request is for PHYSICAL THERAPY FOR THE CERVICAL SPINE, QTY: 12. Patient's diagnosis per Request for Authorization form dated 07/15/15 includes neck pain and cervical radiculopathy. Physical examination to the cervical spine on 07/15/15 revealed tenderness and tightness to the paraspinals, upper and mid trapezius muscles. Range of motion was decreased, especially on extension 20 degrees. Treatment to date has included physical therapy, chiropractic, trigger point injections, EMG-NCV study with normal results, and medications. Patient's medications include Flector patches, Advil and Ambien. The patient is temporarily totally disabled, per 07/15/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks" Treater has not provided reason for the request. Given the patient's continued pain, a short course of physical therapy would appear to be indicated. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor is reason patient unable to transition into a home exercise program. Furthermore, the request for 12 additional sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with neck, upper back and right hand pain, with occasional numbness of right hand, and headaches. The request is for TENS UNIT TRIAL. Patient's diagnosis per Request for Authorization form dated 07/15/15 includes neck pain and cervical radiculopathy. Treatment to date has included physical therapy, chiropractic, trigger point injections, EMG-NCV study with normal results, and medications. Patient's medications include Flector patches, Advil and Ambien. The patient is temporarily totally disabled, per 07/15/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment

modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." Treater has not provided reason for the request. Physical examination to the cervical spine on 07/15/15 revealed tenderness and tightness to the paraspinals, upper and mid trapezius muscles. Range of motion was decreased, especially on extension 20 degrees. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does present with radicular symptoms and a trial of TENS would appear to be indicated by guidelines. However, it is unclear whether the treater is requesting for a one-month trial or a purchase, since the duration of use has not been indicated. Therefore, the request IS NOT medically necessary.

Mechanical traction unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, home cervical patient controlled traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

Decision rationale: Based on the 07/15/15 progress report provided by treating physician, the patient presents with neck, upper back and right hand pain, with occasional numbness of right hand, and headaches. The request is for MECHANICAL TRACTION UNIT TRIAL. Patient's diagnosis per Request for Authorization form dated 07/15/15 includes neck pain and cervical radiculopathy. Treatment to date has included physical therapy, chiropractic, trigger point injections, EMG-NCV study with normal results, and medications. Patient's medications include Flector patches, Advil and Ambien. The patient is temporarily totally disabled, per 07/15/15 report. ACOEM guidelines page 173 on C-spine traction states, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists traction under Not Recommended section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Treater has not provided reason for the request. ACOEM page 181 does not support traction devices. ODG indicates that there is some evidence of symptomatic relief from cervical traction in patients who present with grade 3 stenosis of the cervical spine. Provided reports do not discuss presence of grade 3 stenosis, either. This request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.

