

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0181987 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 02/17/2000 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/16/2015 |

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male, who sustained an industrial injury on February 17, 2000. The injured worker was diagnosed as having cervical spine degenerative disc disease and cervical myofascial sprain and strain. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated August 18, 2015 the treating physician reports complaints of pain to the neck with stiffness, cramps, and headaches. On August 18, 2015 the injured worker's pain level was rated a 4 out of 10. Examination performed on August 18, 2015 was revealing for tenderness to the cervical spine with spasm, decreased range of motion to the cervical spine with stiffness, and positive Spurling's testing. On August 18, 2015 the treating physician requested a cervical traction unit for home use and physical therapy for the cervical spine twice weekly for four weeks with cervical spine iontophoresis, ultrasound, interferential stimulation, cervical traction, and hot packs, but the medical records provided did not contain documentation on prior physical therapy with the above listed modalities and the documentation did not indicate the specific reasons for the requested treatments and equipment. On September 10, 2015 the Utilization Review determined the requests for physical therapy with cervical spine iontophoresis, ultrasound included with physical therapy, interferential stimulation, cervical traction, and hot packs to be modified. On September 10, 2015 the Utilization Review determined the request for cervical traction home unit to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Traction (mechanical).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: According to the CA MTUS, traction has not been proved effective for lasting relief in treating upper back or neck pain. Because evidence is insufficient to support using vertebralaxial decompression for treating neck injuries, it is not recommended. In this case, therapeutic modalities better proven to be effective are likely a better option. Therefore, based on the guidelines, the request for inversion table is not considered medically necessary as other better-proven modalities are likely more appropriate.

CSIonotophoresis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient is several years from the initial date of injury and with no objective evidence to indicate improvement with prior supervised therapy; it is difficult to justify the treatment requests to include iontophoresis, heat packs, ultrasound, traction, interferential stimulation, etc. With respect to number of visits for manual therapy and manipulation, the MTUS does state that 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 treatment, although improvement tapered off after the initial sessions. The provided documents include one very vague physical exam with little specific information regarding range of motion, etc. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the requests for specific treatment modalities without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.

Ultrasound included with physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient is several years from the initial date of injury and with no objective evidence to indicate improvement with prior supervised therapy; it is difficult to justify the treatment requests to include iontophoresis, heat packs, ultrasound, traction, interferential stimulation, etc. With respect to number of visits for manual therapy and manipulation, the MTUS does state that 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 treatment, although improvement tapered off after the initial sessions. The provided documents include one very vague physical exam with little specific information regarding range of motion, etc. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the requests for specific treatment modalities without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.

Interferential stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient is several years from the initial date of injury and with no objective evidence to indicate improvement with prior supervised therapy; it is difficult to justify the treatment requests to include iontophoresis, heat packs, ultrasound, traction, interferential stimulation, etc. With respect to number of visits for manual therapy and manipulation, the MTUS does state that 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 treatment, although improvement tapered off after the initial sessions. The provided documents include one very vague physical exam with little specific information regarding range of motion, etc. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the requests for specific treatment modalities without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.

Hot packs: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient is several years from the initial date of injury and with no objective evidence to indicate improvement with prior supervised therapy; it is difficult to justify the treatment requests to include iontophoresis, heat packs, ultrasound, traction, interferential stimulation, etc. With respect to number of visits for manual therapy and manipulation, the MTUS does state that 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 treatment, although improvement tapered off after the initial sessions. The provided documents include one very vague physical exam with little specific information regarding range of motion, etc. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the requests for specific treatment modalities without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.

Cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in cervical neck pain. At this point the patient is several years from the initial date of injury and with no objective evidence to indicate improvement with prior supervised therapy; it is difficult to justify the treatment requests to include iontophoresis, heat packs, ultrasound, traction, interferential stimulation, etc. With respect to number of visits for manual therapy and manipulation, the MTUS does state that 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 treatment, although improvement tapered off after the initial sessions. The provided documents include one very vague physical exam with little specific information regarding range of motion, etc. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the requests for specific treatment modalities without evaluation for efficacy prior to completion of treatment cannot be considered medically necessary based on the provided documents.