

<b>Case Number:</b>	CM15-0185198		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 41-year-old male, with a reported date of injury of 05-20-2014. The diagnoses include closed head injury, acute post-traumatic headache, cervical spinal stenosis, cervical radiculopathy, and headaches. Treatments and evaluation to date have included Methylprednisolone, Hydrocodone-Acetaminophen, and massage therapy and stretches (helped). The diagnostic studies to date have not been included in the medical records. The neurosurgery follow-up visit report dated 08-07-2015 indicates that the injured worker continued to suffer from post-concussive symptoms. It was noted that the injured worker continued "to make slow improvement". He had persistent headaches and neck pain. The follow-up visit report dated 06-26-2015 indicates that the injured worker was doing well, and that his headaches and post-concussive syndrome were controlled and infrequent. The objective findings (08-07-2015) include good range of motion of the head and neck; no signs of instability of the head and neck; good range of motion of the spine; good range of motion of the bilateral upper extremities; normal inspection and palpation of the bilateral upper extremities; and a normal mood and affect. The treatment plan included eight to twelve chiropractic treatment sessions, physical therapy two to three times a week for four weeks, and an occipital nerve stimulator. It was noted that the injured worker had physical therapy and chiropractic care in the past, and had very good results. It was also noted that it has been more than one year from the accident and the injured worker's symptoms continued to be severe, and it is believed that he could benefit from an occipital nerve stimulator. The injured worker continued to work without restrictions. The treating physician requested an occipital nerve stimulator, twelve physical therapy sessions, and eight chiropractic treatment visits. On 09-15-2015, Utilization Review (UR) non-certified the

request for an occipital nerve stimulator; and modified the request for twelve physical therapy sessions to six physical therapy sessions, and eight chiropractic treatment visits to six chiropractic treatment visits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Occipital Nerve Stimulator: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Occipital nerve stimulation.

**Decision rationale:** Eligible: All TX denied or modified. The current request is for an Occipital Nerve Stimulator. The RFA is dated 09/09/15. Treatments to date have included medications, chiropractic treatments, physical therapy and massage therapy. The patient is not working. MTUS and ACOEM are silent regarding Occipital Nerve Stimulation. However, ODG-TWC Head Chapter states: Occipital nerve stimulation (ONS): Not recommended until there is higher quality research, including research on adverse events. Per report 08/07/15, the patient suffers from post-concussive symptoms, and continues to make slow improvement. He reported persistent headaches and neck pain. Physical examination include good range of motion of the head and neck; no signs of instability of the head and neck; good range of motion of the spine; good range of motion of the bilateral upper extremities; normal inspection and palpation of the bilateral upper extremities; and a normal mood and affect. The treatment plan included eight to twelve chiropractic treatment sessions, physical therapy two to three times a week for four weeks, and an occipital nerve stimulator. The provider states that the patient continues with significant symptoms, and could benefit from an occipital nerve stimulator. Per ODG guidelines, under the head chapter, ONS is still under study, and not recommended until further research is done. Given the lack of support from guidelines, this request is not medically necessary.

#### **Physical Therapy x 12: 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): Physical Medicine.

**Decision rationale:** Eligible: The current request is for physical therapy x 12. The RFA is dated 09/09/15. Treatments to date have included medications, chiropractic treatments, physical therapy and massage therapy. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, 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." Per report 08/07/15, the patient suffers from post-concussive symptoms, and continues to make slow improvement. He reported persistent headaches and neck pain. Physical examination include good range of motion of the head and neck; no signs of instability of the head and neck; good range of motion of the spine; good range of motion of the bilateral upper extremities; normal inspection and palpation of the bilateral upper extremities; and a normal mood and affect. The treatment plan included eight to twelve chiropractic treatment sessions, physical therapy two to three times a week for four weeks, and an occipital nerve stimulator. It was noted that the patient had physical therapy and chiropractic care in the past, and had "very good results." There are no physical therapy reports provided for review. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.

### **Chiropractic x 8: 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:** Eligible: The current request is for chiropractic x 8. The RFA is dated 09/09/15. Treatments to date have included medications, chiropractic treatments, physical therapy and massage therapy. The patient is not working. MTUS Guidelines, Manual Therapy and Manipulation section, page 40 states: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. The patient has been received 18 chiropractic treatments in total. Per report 04/01/15 the results from prior chiropractic care have been "positive." On 08/07/15, the provider noted that the patient had physical therapy and chiropractic care in the past, and had "very good results." In regard to the request for additional 8 treatments, the requesting physician has not provided documentation of functional improvements from prior treatments. MTUS guidelines

indicate that 3-6 sessions of chiropractic therapy are appropriate for conditions of this nature, and that additional sessions are contingent upon functional benefits. Without clear documentation of measurable functional improvements attributed to prior chiropractic treatments, the request for additional sessions cannot be supported. The request is not medically necessary.