

<b>Case Number:</b>	CM15-0191928		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/11/2001
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 51 year old female, who sustained an industrial injury on 4-11-2001. The medical records indicate that the injured worker is undergoing treatment for chronic regional pain syndrome of the left lower leg. According to the progress report dated 9-18-2015, the injured worker presented with complaints of pain in her bilateral feet. The pain is described as painful tingling which is constant and worsened with cold weather, physical activities, and at night while sleeping. She notes numbness in her left foot, mottling, increased perspiration and coldness of her left foot, decreased hair on her legs, and pain with light touch. The level of pain is not rated. The physical examination of the feet reveals slight mottling, coolness to touch, and positive hyperalgesia, allodynia, and dysesthesia. The medications prescribed are Lidoderm. Previous diagnostic studies are not specified. Treatments to date include medication management, physical therapy, acupuncture, aquatic therapy, functional restoration program, and cranial-sacral therapy. Work status is not indicated. The original utilization review (9-28-2015) had non-certified a request for 12 cranial sacral therapy sessions for the left foot and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cranial Sacral therapy 2x a week for 6 weeks for the left foot/ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot Chapter under massage.

**Decision rationale:** Based on the 9/18/15 progress report provided by the treating physician, this patient presents with bilateral foot pain and bilateral hand pain with constant tingling and numbness, left > right. The treater has asked for cranial sacral therapy 2x a week for 6 weeks for the left foot/ankle on 9/18/15. The patient's diagnosis per request for authorization dated 9/18/15 is CRPS of lower leg. The patient complains of mottling of her feet and hands, increased perspiration of left foot, coldness of left foot, warmth of her hands, and decreased pain on her legs with pain to light touch per 9/18/15 report. The patient is s/p a 6 month hiatus from medical care for her CRPS and her pain has been flaring up per 9/18/15 report. The patient walks with a cane, and with a limp per 9/18/15 report. The patient has had great success with prior conservative care including acupuncture, aquatherapy, cranial-sacral therapy per 9/18/15 report. The patient's work status is not included in the provided documentation. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. ODG-TWC, Ankle/Foot Chapter under massage states: "Not recommended - There is little information available from trials to support the use of many physical medicine interventions for treating disorders of the ankle and foot. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. See also Manipulation. (Crawford, 2002) (Van der Windt, 2001) Manual mobilization of the ankle has limited added value and is not recommended. (Kerkhoffs, 2012)" The treater is requesting 12 sessions of cranial sacral therapy for the patient's lower extremity CRPS as it has been effective for the patient before per requesting 9/18/15 report. In this case, there is no support in the guidelines or in literature for cranio/sacral therapy for foot ankle issues. ODG and MTUS do not support chiropractic manipulation for foot/ankle problems. The request is not medically necessary.