

<b>Case Number:</b>	CM15-0193017		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 68 year old female with an industrial injury date of 11-12-2009. Medical record review indicates she is being treated for cervicobrachial syndrome, cervical IVD degeneration, occipito-cervical subluxation, stiffness of joint, shoulder, thoracic subluxation and thoracic outlet. Subjective complaints (09-09-2015) included upper back pain, mid back pain and shoulder pain. "Over a week ago her upper back and neck locked up." Upper back symptoms are described as "burning, dull ache, numb, tightness and tingling." "The symptoms are rated at 7." Mid back pain is documented as "rated at 4" and shoulder pain is documented as "rated at 2." The treating physician indicates the patient's progress was noted by decreasing pain and improved function. Prior treatment included chiropractic care. Objective findings (09-09-2015) included "stiffness, subluxation, tenderness was found in bilateral cervical 3-4, thoracic 2-3, thoracic 7, thoracic 12, lumbar 1, lumbar 5 and bilateral cervical 7." Lumbar and cervical range of motion was decreased. The treatment plan included Vasopneumatic device, computerized electrical procedure, myofascial trigger point therapy and spinal manipulation. The medication list includes Metoprolol, Ambien, and Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 Sessions of Vasopneumatic Device, Computerized Electrical Procedure and Myofascial Trigger Point Therapies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Vasopneumatic devices.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy, Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, & Hand (updated 06/29/15 )Vasopneumatic devices.

**Decision rationale:** As per the cited guideline "Vasopneumatic device Recommended as an option to reduce edema after acute injury", Presence of edema after an acute injury was not specified in the records provided. The medical necessity of the request for a Vasopneumatic device is not fully established in this patient. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: According the cited guidelines, electrical stimulation (TENS), is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Evidence of a trial and failure of a TENS unit for this injury was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy is not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. Myofascial trigger point therapy is a form of massage therapy. Per the CA MTUS guidelines cited regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided."The patient has received an unspecified number of chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. Whether these visits included

myofascial trigger point therapy or massage therapy in the past and the response to the previous therapy was not specified in the records provided. The number of requested visits (8) exceeds the recommendations of the cited guidelines (4 to 6). The medical necessity of myofascial trigger point therapy x8 is not fully established in this patient at this time. The medical necessity of the request for Vasopneumatic device with computerized electrical procedure and myofascial trigger point therapy x 8 is not fully established in this patient. The request is not medically necessary.

**8 spinal manipulations:** 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:** Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "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 chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient has received an unspecified number of chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The request for 8 spinal manipulations is not medically necessary for this patient.