

Case Number:	CM15-0028425		
Date Assigned:	02/20/2015	Date of Injury:	05/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/16/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 35 year old female who sustained an industrial injury on 5/15/13 in a fall injuring her back and neck. Currently she complains of constant moderate to severe pain in the neck, upper back and low back. In addition she complains of pain in bilateral shoulders, arms and hands. Her activities of daily living are limited. There were no medications noted. Diagnoses include cervical sprain/ strain; lumbar sprain/ strain; right shoulder sprain/ strain with diminished movement; sprain/ strain of extensor tendon of right forearm; pain in left shoulder, both knees and ankles. Treatments to date include chiropractic therapy, physical therapy and psychotherapy. Diagnostics include cervical MRI (10/23/14) and cervical x-rays (4/21/14). On 2/12/15 Utilization Review non-certified the requests for 12 chiropractic sessions for the cervical, lumbar and thoracic spines, 2X6; 12 physiotherapy sessions 2X6 for the cervical, lumbar, thoracic spines; neuromuscular re-education twice per week quantity 12 for the cervical, lumbar, thoracic spines; manual therapy twice per week quantity 12 for the cervical, lumbar, thoracic spines; mechanical traction twice per week quantity 12 for the cervical, lumbar, thoracic spines and dynamic activities twice per week quantity 12 for the cervical, lumbar and thoracic spines citing MTUS: Chronic pain medical treatment Guidelines: Manual Therapy and Manipulation; MTUS: Chronic Pain Medical treatment Guidelines: Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Treatment (2 times weekly for 6 weeks) for the Cervical, lumbar & Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58-60, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60.

Decision rationale: According to MTUS, Manual Therapy or Chiropractic therapy, is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the treatment of low back pain, a trial of 6 visits is recommended over 2 weeks, with evidence of objective improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. The ODG states that cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. ODG recommends up to 18 total chiropractic and massage visits over 6-8 weeks for cervical and thoracic injuries with evidence of functional improvement after a 6 visit initial trial. In this case, the patient has undergone a total of 18-20 chiropractic sessions and there is no documentation of functional improvement or a return to productive activities. The records do not outline a specific plan of treatment or anticipated goals of the requested therapy. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Twelve (12) Session of Physiotherapy (2 times per week times 6 weeks) for the cervical, lumbar & Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine Page(s): 58-60, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe and sub-acute low back pain conditions, 8 to 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. ODG recommends that for most patients with more severe and sub-acute neck pain conditions up to 10 visits are indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement

levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient has completed a total of 12 (2x6) physical therapy sessions. There is no documentation indicating that she had a defined functional improvement. There is no specific indication for the requested additional PT sessions. The records do not outline a specific plan of treatment or anticipated goals of the requested therapy. Medical necessity for the requested services has not been established. The requested service is not medically necessary.

Neuromuscular Reeducation 2 times weekly (QTY: 12) for the cervical, lumbar and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 99, 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Education.

Decision rationale: Neuromuscular re-education is a technique used by rehabilitation therapists to restore normal movement. This patient has received PT, acupuncture, and chiropractic therapy. There is no specific indication for the neuromuscular re-education 2 times weekly (2x6) for the cervical, lumbar and thoracic spine. Medical necessity for the requested services has not been established. The requested services are not medically necessary.

Manual Therapy, 2 times weekly, for the cervical, lumbar and thoracic spine (QTY: 12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58-60, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60.

Decision rationale: According to MTUS, Manual Therapy or Chiropractic therapy, is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the treatment of low back pain, a trial of 6 visits is recommended over 2 weeks, with evidence of objective improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. The ODG states that cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. ODG recommends up to 18 total chiropractic and massage visits over 6-8 weeks for cervical and thoracic injuries with evidence of functional improvement after a 6 visit initial trial. In this case, the patient has undergone a total of 18-20 chiropractic sessions and there is no documentation of functional improvement and a return to productive activities. The records do not outline a

specific plan of treatment or anticipated goals of the requested therapy. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Mechanical Traction, 2 times weekly, cervical, lumbar and thoracic spine (QTY: 12):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58-60, 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Traction.

Decision rationale: The ODG states that cervical traction is recommended for patients with cervical radicular symptoms. 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 syndrome with radicular symptoms. The ODG recommends home cervical auto-traction (patient-controlled). It is recommended that cervical traction be used in conjunction with a home exercise program. In this case, there is no documentation of mild to moderately severe (Grade 3) cervical spinal syndrome with radicular symptoms. There is no documentation that the requested cervical traction is being used in conjunction with a home exercise program, or that the proposed duration of treatment has been defined. According to ACOEM, lumbar traction has not been proven to be effective for lasting relief in treating low back pain. There is insufficient evidence to support the use of vertebral axial decompression for treating low back injuries. Medical necessity for the requested items has not been established. The requested items are not medically necessary.

Dynamic Activities, 2 times weekly, for the cervical, lumbar and thoracic spine (QTY: 12):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 58-60, 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PT.

Decision rationale: Dynamic activities are considered for patients needing a broad range of rehabilitative techniques that involve movement. This patient has received PT, acupuncture, and chiropractic therapy. There is no specific indication for the neuromuscular re-education 2 times weekly (2x6) for the cervical, lumbar and thoracic spine. Medical necessity for the requested services has not been established. The requested services are not medically necessary.