

<b>Case Number:</b>	CM15-0035257		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 36-year-old female, who sustained an industrial injury on 10/22/2013, due to reported cumulative trauma. The diagnoses have included cervicalgia. Treatment to date has included conservative measures. Currently, the injured worker complains of pain in the neck, back, and left shoulder, with radicular symptoms from her neck to left shoulder, and back. Objective findings were handwritten and difficult to read. Current medications were not listed. Chiropractic care and over the door cervical traction unit were included in the treatment plan. Magnetic resonance imaging of the cervical spine, dated 12/16/2014, noted 2mm disc herniations at C3-4, C4-5, and C5-6, with mild retrolisthesis of C5 on C6. Magnetic resonance imaging of the left shoulder, dated 9/17/2014, noted mild tendinosis of the anterior supraspinatus and mild lateral and anterior downsloping of the acromion. Prior chiropractic was authorized for 8 visits from 7/01/2014 to 10/01/2014, with evaluation on 7/21/2014. The results of treatment and number of visits completed were not noted. On 1/27/2015, Utilization Review non-certified a request for an over the door cervical traction unit, citing ACOEM Guidelines, and non-certified a request for chiropractic therapy (2x4), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 2 times per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Based on the 01/06/15 progress report provided by treating physician, the patient presents with neck, back and left shoulder pain. The request is for **CHIROPRACTIC THERAPY 2 TIMES PER WEEK FOR 4 WEEKS**. Patient's diagnosis per Request for Authorization form dated 01/20/15 includes lumbar spine radiculitis, cervical spine radiculitis and cervical spine sprain. A prescription of Cyclobenzaprine was included in progress report dated 08/25/14. Patient is to remain off-work, per treater report dated 01/06/15. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS 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. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Per progress report dated 01/06/15, treater states "needs chiropractic care 2x4 for cervical spine and lumbar spine." Prior chiropractic was authorized for 8 visits from 07/01/14 to 10/01/14, with initial evaluation on 07/21/14. Requesting physician has not discussed reduction in pain or improvement in function due to prior therapy, or provided a re-evaluation. Furthermore, 8 sessions in addition to the previously authorized 8 sessions would exceed MTUS allowance for trial of chiropractic. Given lack of documentation as required by MTUS, additional sessions cannot be warranted. Therefore, the request IS NOT medically necessary.

**Over the Door Cervical spine Traction Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

**Decision rationale:** Based on the 01/06/15 progress report provided by treating physician, the patient presents with neck, back and left shoulder pain. The request is for **OVER THE DOOR CERVICAL SPINE TRACTION UNIT**. Patient's diagnosis per Request for Authorization form dated 01/20/15 includes lumbar spine radiculitis, cervical spine radiculitis and cervical

spine sprain. A prescription of Cyclobenzaprine was included in progress report dated 08/25/14. Patient is to remain off-work, per treater report dated 01/06/15. MTUS is silent on home traction devices. Therefore, ACOEM and ODG were referenced. ACOEM guidelines page 173 on C-spine traction states, There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several 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 syndromes with radiculopathy. (Aetna, 2004)." Per progress report dated 01/06/15, treater states "needs over the door cervical spine traction unit for home use." ODG guidelines support patient controlled traction units for radiculopathy with mild to moderately severe (Grade 3) cervical spinal syndromes. The patient has a diagnosis of cervical spine radiculitis. However, the patient does not present with documented radicular symptoms, and there is no mention that patient is on a home exercise regimen. The request does not meet ODG indications, and there is lack of support by ACOEM. Therefore, the request IS NOT medically necessary.