MAXIMUS Federal Services

| Case Number: | CM15-0045598 | | |
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| Date Assigned: | 03/17/2015 | Date of Injury: | 03/06/2002 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

## 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

## 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 female who sustained an industrial injury on 3/6/12. She is experiencing increased catching and locking of the cervical spine with increased paresthesias that extend into the right upper extremity. Her grip is decreased. There are no current medications mentioned. Diagnoses include severe degenerative arthrosis at C3-4 and C4-5; surgical fusion of C5, C6 and C7. Treatments are not listed. Diagnostics include cervical spine x-ray (11/12/13). The progress note dated 11/13/14 indicates requesting a cervical MRI. There is no documentation or request for manipulation or massage therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation 1 times per week for 4 weeks for the cervical spine and right shoulder:**
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines.

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

**Decision rationale:** Manipulation 1 times per week for 4 weeks for the cervical spine and right shoulder is not medically necessary per the MTUS Guidelines and the ODG. The MTUS recommends manual medicine as an option for the low back. The MTUS does not specifically address manipulation for the shoulder and cervical spine. The MTUS states that the intended goal or effect of manual medicine 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. The ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor.In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The ODG states that manipulation for the cervical spine is recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Further, several reports have, in rare instances, linked chiropractic manipulation of the neck in patients 45 years of age and younger to dissection or occlusion of the vertebral artery. The documentation is not clear on whether the patient has had prior manipulation for the cervical spine and right shoulder. Furthermore, the guidelines do not support more than 2-3 visits for the shoulder or cervical spine without functional improvement and the request exceeds this number. For these reasons, the request for manipulation 1 times per week for 4 weeks for the cervical spine and right shoulder is not medically necessary.

**Massage therapy 1 time per week for 4 weeks for the cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** Massage therapy 1 time per week for 4 weeks for the cervical spine and right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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.Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. The documentation is not clear on whether the patient has had prior massage therapy the patient has had given a work injury dated 2012. Without this information, the request cannot be certified as medically necessary.