

Case Number:	CM15-0083321		
Date Assigned:	05/05/2015	Date of Injury:	08/14/2002
Decision Date:	06/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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:

This 55 year old female sustained an industrial injury sustained an industrial injury to the neck via repetitive trauma on 8/14/02. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In a PR-2 dated 1015/14, the injured worker complained of ongoing neck pain. The injured worker reported that her neck and upper back pain somewhat affected her daily activities. Physical exam was remarkable for cervical spine and thoracic spine with slightly restricted range of motion, active trigger points and tenderness to palpation with moderate hypertonicity, positive maximum cervical compression test on the left, positive bilateral shoulder depression test, bilateral cervical muscle and left thoracic muscle tension. Current diagnoses included neck pain and thoracic pain. The treatment plan included continuing home exercise, cryotherapy, intersegmental traction, interferential current, trigger point therapy and physical therapy exercises via chiropractic therapy/physiotherapy once a week for six weeks and a request for a home cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy Treatment, 6 sessions: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the ongoing use of numerous manipulative therapy sessions on a long-term basis. On a long term basis if there are functional benefits, 1-2 sessions every 4-6 months is supported by Guidelines. This is recommended for the low back, but it is reasonable to apply the same principles to any spinal area including the cervical spine. This request significantly exceeds what is Guideline supported and there are no unusual circumstances to justify an exception to Guidelines. The request for 6 sessions of Chiropractic/Physiotherapy Treatment is not supported by Guidelines and is not medically necessary.

Home Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Acute/Chronic Neck and Upper Back.

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

Decision rationale: MTUS Guidelines do not provide adequate detail regarding the use of cervical traction. ODG Guidelines provides significant detail and the Guidelines do not recommend cervical traction unless there is a clear radiculopathy present. This individual has chronic recurring mechanical cervical pain with some increase with compression, but this does not qualify as an active radiculopathy. There are no objective physical signs or test results that establish a radiculopathy. Under these circumstances, Guidelines are not supportive of cervical traction. The home cervical traction is Unit is not medically necessary.