

<b>Case Number:</b>	CM15-0098401		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/13/2003
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 70-year-old female who reported an industrial injury on 10/13/2003. Her diagnoses, and/or impressions, are noted to include: cervicalgia; cervical radiculopathy; and myofascial pain syndrome. Recent magnetic imaging studies of the cervical spine are noted on 1/21/2015, noting mild degenerative cervical discopathy without encroachment on the spinal canal or neural foramina. Her treatments have included an agreed medical examination on 11/3/2004 and subsequent supplemental reports (7/2005); physical therapy (11/2014); neurosurgical evaluation; home stretching/exercise program; medication management; and rest from work as she was reported as retired. The progress notes of 3/18/2015 reported constant, radiating neck pain into the head and fine-motor control problems aggravated by activities, and improved by rest, physical therapy, acupuncture, and use of a trans-cutaneous electrical nerve stimulation unit. The objective findings were noted to include reasonable range-of-motion and that she is not a surgical candidate resulting in a discussion for epidural steroid injection versus physical therapy with cervical traction for which she requested to start with physical therapy with cervical traction. The physician's requests for treatments were noted to include physical therapy with cervical traction sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Cervical Traction Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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:** The patient presents on 04/23/15 with unrated headache, posterior neck pain that radiates into the upper back, and associated loss of grip strength in the upper extremities. The patient's date of injury is 10/13/03. Patient has no documented surgical history directed at this complaint. The request is for 6 CERVICAL TRACTION SESSIONS. The RFA is dated 04/23/15. Progress note dated 04/23/15 does not include any positive physical examination findings, only a review of history, systems, and current medication profile. The patient is currently prescribed Fosamax, Norco, Soma, Patanol, Flector patches, and Chondroitin/Glucosamine/Primorine. Diagnostic imaging included cervical MRI dated 01/21/15, significant findings include: "mild degenerative disk disease at C3-4, C4-5, and C5-6 with mild disc bulges. There is no significant stenosis or neural foraminal narrowing." Patient's current work status is not provided. 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. Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy."In regard to the request for 6 sessions of cervical traction, the patient does not meet guideline criteria. Progress notes do not document that this patient has trialed cervical traction to date. ODG indicates that there is some evidence of symptomatic relief from cervical traction in patients who present with grade 3 stenosis of the cervical spine. However, this patient's cervical MRI, dated 01/21/15 does not document any significant stenosis or nerve root compression in the cervical spine. In addition, ODG does not recommend institutionally based cervical traction as an appropriate treatment modality. Therefore, the request IS NOT medically necessary.

## **6 Sessions of Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents on 04/23/15 with unrated headache, posterior neck pain that radiates into the upper back, and associated loss of grip strength in the upper extremities. The patient's date of injury is 10/13/03. Patient has no documented surgical history directed at this complaint. The request is for 6 SESSIONS OF PHYSICAL THERAPY. The RFA is dated 04/23/15. Progress note dated 04/23/15 does not include any positive physical examination findings, only a review of history, systems, and current medication profile. The patient is currently prescribed Fosamax, Norco, Soma, Patanol, Flector patches, and Chondroitin/Glucosamine/Primorine. Diagnostic imaging included cervical MRI dated 01/21/15, significant findings include: "mild degenerative disk disease at C3-4, C4-5, and C5-6 with mild disc bulges. There is no significant stenosis or neural foraminal narrowing." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the provider is requesting an additional 6 sessions of physical therapy directed at this patient's neck pain. This patient has completed 6 sessions of physical therapy to date, ending on 11/20/14 with documented functional improvements. Utilization review modified this amount to 4 sessions so as to align with MTUS recommendations. While conservative therapies such as physical therapy are recommended first-line treatments for complaints such as this, the specified number of sessions exceeds guideline recommendations, which specify allow up to 10 visits. Therefore, this request IS NOT medically necessary.

**Norco 5/325 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 04/23/15 with unrated headache, posterior neck pain that radiates into the upper back, and associated loss of grip strength in the upper extremities. The patient's date of injury is 10/13/03. Patient has no documented surgical history directed at this complaint. The request is for 1 PRESCRIPTION OF NORCO 5/325MG #120. The RFA is dated 04/23/15. Progress note dated 04/23/15 does not include any positive physical examination findings, only a review of history, systems, and current medication profile. The patient is currently prescribed Fosamax, Norco, Soma, Patanol, Flector patches, and Chondroitin/Glucosamine/Primorine. Diagnostic imaging included cervical MRI dated 01/21/15, significant findings include: "mild degenerative disk disease at C3-4, C4-5, and C5-6 with mild disc bulges. There is no significant stenosis or neural foraminal narrowing." Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco for the management of this patients chronic pain, the treater has not provided adequate documentation of medication efficacy. Most recent progress report dated 04/23/15 does not include documentation of analgesia attributed to medications, nor does it include any activity-specific functional improvements. There is evidence of consistent urine drug screening

in the past, and documentation of a lack of aberrant behavior. However, MTUS guidelines require documentation of analgesia via a validated scale and activity-specific functional improvements, without such documentation the continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation as required by MTUS, the request IS NOT medically necessary.