

<b>Case Number:</b>	CM14-0148360		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 (IW) is a 49-year-old man who sustained an industrial injury on January 27, 2011 due to an MVA while he was driving a company van. This resulted in various musculoskeletal symptoms. The IW has been receiving treatment for the cervical degenerative disc disease, shoulder sprain/strain, lumbar degenerative disc disease, and lumbosacral or thoracic neuritis. Pursuant to the most recent handwritten progress note dated August 27, 2014, the IW complain of constant pain rated 8/10 radiating to the shoulders. The IW also complains of low back pain radiating to the lower extremities. Objective findings demonstrate tenderness to palpation over cervical and lumbar spine. Diagnoses include: Cervical degenerative disc disease and cervical radiculopathy; lumbar degenerative disc disease; myofascial pain; and lumbar radiculopathy. It is noted that the IW had several treatments of chiropractic and physical therapy, but still has persistent pain. Lumbar spine MRI dated January 21, 2014 reveals L3-L4 circumferential annulus bulging, 3 mm or less. No disc herniation is noted. Minimal facet arthropathy without foraminal stenosis. EMG dated February 1, 2014 demonstrates left-sided cervical radiculopathy. The IW received an epidural injection for his neck, which lasted for about 2 days. The date were not provided. He also underwent 4 to 6 acupuncture treatments at NMCI Medical Clinic with no help. A work status form dated August 6, 2014 indicated that the IW may work up to 4 hours each day. Treatment plan indicated that the IW is to continue using TENS unit at home and continue home exercise program. IW instructed to continue with his current medications to include: Tramadol, Omeprazole, and Cyclobenzaprine

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment of the neck x 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Manual therapy & manipu.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Chiropractic Treatments

**Decision rationale:** Pursuant to the Official Disability Guidelines, chiropractic manipulation to the neck 12 sessions is not medically necessary. The guidelines state: If the manipulation has not resulted in functional improvement in the first one to two weeks it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good but the studies are not quite as convincing. Several studies of manipulation have looked at duration of treatment, and they generally measured improvement in the first few weeks, with 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If treatment is going to be effective, they should be some outward signs of subjective or objective improvement within the first six visits. The ODG enumerates the criteria for therapeutic care. Mild: up to six visits over two weeks severe trial of six visits over two weeks with evidence of objective improvement. In this case, the medical records indicate the injured worker underwent several treatments of chiropractic therapy but still had persistent pain on the initial exam date October 30, 2013. There is no indication of documentation of what functional gains the patient made with prior chiropractic treatment or the number of visits attended. Based on the clinical information and the peer-reviewed evidence-based guidelines, chiropractic manipulation neck 12 sessions is not medically necessary

**Chiropractic low back x 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Manual therapy & manipu.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Chiropractic Treatments

**Decision rationale:** Pursuant to the Official Disability Guidelines, chiropractic manipulation to the back 12 sessions is not medically necessary. If the manipulation has not resulted in functional improvement in the first one to two weeks it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good but the studies are not quite as convincing. Several studies of manipulation have looked at duration of treatment, and they generally shut measured improvement in the first few weeks with 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If treatment is going to be effective, they should be some outward signs of subjective or objective improvement within the first six visits. The ODG enumerates the criteria for therapeutic care. Mild: up to six visits over two weeks severe trial of six visits over two weeks with evidence of

objective improvement. In this case, the medical records indicate the injured worker underwent several treatments of chiropractic therapy but still had persistent pain on the initial exam date October 30, 2013. He complains of constant pain. There is no indication of documentation of what functional gains the patient made with prior chiropractic treatment or the number of visits attended. Based on the clinical information and the peer-reviewed evidence-based guidelines, chiropractic manipulation low back 12 sessions is not medically necessary.

**Chiropractic left shoulder x 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Manual therapy & manipu.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Chiropractic Treatments

**Decision rationale:** Pursuant to the Official Disability Guidelines, chiropractic manipulation to the Left shoulder 12 sessions is not medically necessary. If the manipulation has not resulted in functional improvement in the first one to two weeks it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good but the studies are not quite as convincing. Several studies of manipulation have looked at duration of treatment, and they generally shut measured improvement in the first few weeks with 3 to 6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If treatment is going to be effective, they should be some outward signs of subjective or objective improvement within the first six visits. The ODG enumerates the criteria for therapeutic care. Mild: up to six visits over two weeks severe trial of six visits over two weeks with evidence of objective improvement. In this case, the medical records indicate the injured worker underwent several treatments of chiropractic therapy but still had persistent pain on the initial exam date October 30, 2013. There is no indication of documentation of what functional gains the patient made with prior chiropractic treatment or the number of visits attended. Based on the clinical information and the peer-reviewed evidence-based guidelines, chiropractic manipulation left shoulder 12 sessions is not medically necessary.

**Functional Restoration Program Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; FRPs (functional restoration programs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Functional Restoration Program

**Decision rationale:** Pursuant to the Official Disability Guidelines, the request for functional restoration program (FRP) consultation is not medically necessary. FRP is recommended for patients with chronic disabling pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. FRP's are considered when the injured

worker has a chronic pain syndrome with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: excessive dependence on healthcare providers, spouse, or family; secondary physical deconditioning due to disuse and/or fear avoidance of physical activity due to pain. In this case, the most recent clinical evaluation does not provide a rationale to warrant an FRP consultation/evaluation. Additionally, there is no indication of the patient's recent work status, loss of function that requires excessive dependence on healthcare providers, spouse or family. Medical record in a progress note dated August 6, 2014 indicates the injured worker may work up to four hours per day. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the FRP evaluation is not medically necessary.

**Orthopedic bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC; mattress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Mattress Selection

**Decision rationale:** Pursuant to the Official Disability Guidelines, the request for an orthopedic bed is not medically necessary. The guidelines state firmness as a sole criteria is not recommended. Mattress selection is subjective and depends on personal preference and individual factors. In this case, the treating physician requested an orthopedic bed. There is no rationale in the medical record that indicates an orthopedic mattress is appropriate. Moreover there are no high-quality studies to support the purchase of any type of specialized mattress as mattress likability is subjective and depends upon personal preference and individual factors. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, the orthopedic mattress is not medically necessary.

**Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Pillow

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, Pillow

**Decision rationale:** Pursuant to the Official Disability Guidelines, the request for an orthopedic pillow is not medically necessary. The guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. Subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, the treating physician requested an orthopedic pillow. There are no high-quality studies to support purchase of any type of specialized bedding. Additionally there is no rationale in the medical

record that explains the rationale for the pillow. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the orthopedic pillow is not medically necessary.