

Case Number:	CM14-0177369		
Date Assigned:	10/30/2014	Date of Injury:	12/21/2011
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 is a 56 year old female who reported an injury on 12/21/2011. The mechanism of injury was from repetitive computer and phone use. Her relevant diagnoses were noted to include cervical herniated nucleus pulposus and cervical radiculopathy. Past treatment was noted to include medications, diagnostic block, 12 sessions of chiropractic therapy, activity modifications, and more than 24 visits of physical therapy. On 09/16/2014, she reported neck pain with radiating pain and numbness to her right upper extremity making it difficult for perform her activities of daily living. Comparing notes from 05/20/2014 and 09/16/2014 her cervical range of motion showed flexion was improved from 29 degrees to 33 degrees, extension decreased from 38 degrees to 29 degrees, her left lateral flexion improved from 28 degrees to 29 degrees, right lateral flexion improved from 20 degrees to 24 degrees, left rotation declined from 63 degrees to 59 degrees, and her right rotation declined from 47 degrees to 35 degrees. It was also noted that her motor strength to her bilateral upper extremities was within normal limits. Her medications were noted to include Xanax 2mg nightly and 1mg daily, Advil 800mg twice per day, and Soma 350mg as needed. Her treatment plan was noted to include physical therapy 2x6 to her neck, consult with a gastrointestinal specialist for Gastrointestinal (GI) issues, and chiropractic therapy 2x6. A request was received for 12 sessions of physical therapy for her neck and 12 sessions of chiropractic services with modalities and exercises without a rationale. A Request for Authorization was signed on 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for neck, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute and Chronic), Physical Therapy

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

Decision rationale: The request for physical therapy for neck QTY: 12 sessions is not medically necessary. According to the California MTUS Guidelines, physical therapy is recommended to help improve function by improving range of motion and motor strength. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks. The documentation noted that the injured worker completed at least 24 sessions of physical therapy with improved cervical spine range of motion. There is a lack of documentation indicating the injured worker currently has significant objective functional deficits. Additionally, the request for 12 additional sessions of physical therapy would further exceed the guideline recommendations. As such, the request is not medically necessary.

Chiropractic services with modalities and exercises, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic services with modalities and exercises, QTY: 12 sessions is not medically necessary. The California MTUS guidelines note chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal 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 guidelines recommend up to 4-6 sessions of chiropractic treatment in order to produce effect and with evidence of objective functional improvement 1 to 2 sessions of treatment per week the first 2 weeks followed by treatment at a frequency of 1 treatment per week for the following 6 weeks, with a maximum duration of 8 weeks. The injured worker has completed 12 chiropractic treatment; however, within the documentation it was noted that there was no great significant functional improvement in cervical range of motion. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior chiropractic treatment. There is a lack of documentation indicating the injured worker currently has significant objective functional deficits. The request for 12 additional sessions would exceed the guideline recommendations. Additionally, the request does not indicate the site at which the chiropractic treatment is to be performed. In the absence of marked evidence of objective functional improvement, the amount of previous sessions, and as the request does not specify a particular body region to be

manipulated, the request is not supported by the guidelines. As such, the request is not medically necessary.