

Case Number:	CM14-0204123		
Date Assigned:	12/16/2014	Date of Injury:	09/04/2008
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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:

This is a 67 year old female patient who sustained a work related injury on 9/4/2008. Patient sustained the injury when the psych patient used [REDACTED] as a shield getting behind her and holding her with his left arm around her neck when the two of them were jumped by four officers landing near the bottom of the pile injuring her shoulder and her back, and her ribs. The current diagnoses include lumbar facet pain, cervical radicular pain, cervical spondylosis. Per the doctor's note dated 11/17/14, patient has complaints of pain located in left scapula at 10/10; pain in low back at 7/10; neck pain at 5/10. Physical examination revealed limited range of motion of the left shoulder and normal ROM of the cervical spine, Modified Slump Test was positive, Jackson's Test was positive bilaterally and Brachial Plexus Tension Test was positive bilaterally, weakness of left shoulder. The medication lists include Oxycodone, hydrocodone, Venlafexine, Norco and Soma. The patient has had Cervical x-ray on 08/23/12 that revealed reversal of cervical lordosis, 2 mm anterolisthesis of C3 on C4, moderate anterolisthesis at C4-5, and moderately severe degenerative disc disease at C5-6; on 09/27/12 MRI of the cervical spine without contrast that revealed 1-2 mm anterolisthesis of C3 on C4 mild left neural foraminal stenosis. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes Appendectomy, cholecystectomy, hysterectomy, nephrectomy, trigger finger surgery, and right wrist surgery. Prior procedures include on 07/01/11 left radio frequency medial branch neurotomy L4-L5, L5-S1-facet joints and neurotomies at L3-L4, L4-L5, L5-S1 & S1; on 01/10/12 right Sacroiliac joint injection; on 06/04/12 Left Radio frequency medial neurotomy with neurotomies at L3-L4, L4-L5, L5-S1 and S1. There is a history of a lumbar fracture at L5. The notes dated 11/2014 stated that the pt has left hip/ lower extremity weakness. She was approved for 12 chiropractic visits for this injury. Patient has received an unspecified number of PT visits for this injury. The patient has used TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiropractic adjustment: Upheld

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

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

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependent on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." She was approved for 12 chiropractic visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for 12 chiropractic adjustment is not fully established for this patient.

12 therapeutic exercises: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" She was approved for 12 chiropractic visits for this injury Patient has received an unspecified number of PT visits for this injury Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying

current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the doctor's note dated 8/18/14, patient has no radiculopathy and physical examination revealed no tenderness, spasms, or guarding, full lumbosacral range of motion, negative SLR, steady gait and normal sensory examination. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 12 therapeutic exercises is not fully established for this patient.

Extraspinal adjustment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependent on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." She was approved for 12 chiropractic visits for this injury Patient has received an unspecified number of PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Extraspinal adjustment is not fully established for this patient.

Cervical traction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Traction.

Decision rationale: Per the ACOEM Guidelines cited below is "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." MTUS/ACOEM guideline does not specifically address this issue. Hence ODG used. The cited guidelines state, "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." Therefore there is no high grade scientific evidence to support the effectiveness of traction for this patient's neck injury. Unequivocal consistent evidence of cervical radiculopathy in this patient was not specified in the records provided. The patient has received an unspecified number of conservative visits for this injury. Response to these conservative therapies was not specified in the records provided. The previous PT visit notes were not specified in the records provided. Physical examination of the cervical spine revealed normal ROM The medical necessity of the request for cervical traction is not fully established in this patient.

X-ray cervical spine 2 views: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Radiography (x-rays).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure."The current diagnoses include lumbar facet pain, cervical radicular pain, and cervical spondylosis, Per the doctor's note dated 11/17/14, patient has complaints of pain located in left scapula at 10/10; pain in low back at 7/10; neck pain at 5/10 Physical examination revealed limited range of motion of the left shoulder, Modified Slump Test was positive, Jackson's Test was positive bilaterally and Brachial Plexus Tension Test was positive bilaterally, weakness of left shoulder. The patient has had Cervical x-ray on 08/23/12 that revealed reversal of cervical lordosis, 2 mm anterolisthesis of C3 on C4, moderate anterolisthesis at C4-5, and moderately severe degenerative disc disease at C5-6; on 09/27/12 MRI of the cervical spine without contrast that revealed 1-2 mm anterolisthesis of C3 on C4 mild left neural foraminal stenosis. The pt has evidence of anterolisthesis per previous

imaging studies in 2012. She has significant neck pain with evidence of neurological symptoms in terms of weakness in the upper extremity. Cervical spine X-ray was requested to aid in patient management. The request for the X-ray Cervical is medically necessary and appropriate for this patient at this time to find out the status of the anterolisthesis.

X-ray lumbosacral 2-3 views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM guidelines cited below, "Lumbar spine x rays may be appropriate when the physician believes it would aid in patient management." The current diagnoses include lumbar facet pain, cervical radicular pain, cervical spondylosis Per the doctor's note dated 11/17/14, patient has complaints pain in low back at 7/10 Prior procedures include on 07/01/11 left radio frequency medial branch neurotomy L4-L5, L5-S1-facet joints and neurotomies at L3-L4, L4-L5, L5-S1 & S1; on 01/10/12 right Sacroiliac joint injection; on 06/04/12 Left Radio frequency medial neurotomy with neurotomies at L3-L4, L4-L5, L5-S1 and S1. The pt has had several procedures for the low back pain. There is a history of a lumbar fracture at L5. The notes dated 11/2014 stated that the pt has left hip/ lower extremity weakness. There has been no imaging studies for the low back that are noted in the records provided Lumbar spine X-ray was requested to aid in patient management. The request for the X-ray lumbosacral 2-3 views is medically necessary and appropriate for this patient at this time.