

Case Number:	CM14-0213206		
Date Assigned:	12/30/2014	Date of Injury:	02/08/2011
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New York
Certification(s)/Specialty: Internal 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:

The claimant is a 50 yo female who sustained an industrial injury on 02/08/2011. The mechanism of injury was repetitive overuse. Her diagnoses include neck pain, occipital neuralgia, right shoulder sprain/strain, right shoulder impingement, depression and anxiety secondary to chronic pain, and insomnia. She continues to complain of neck and right shoulder pain. On physical exam there is decreased range of cervical motion and pain with right shoulder movements with a positive impingement sign. Treatment has consisted of medical therapy, physical therapy, and trigger point injections. The treating provider has requested Physical therapy three times a week for four weeks for cervical spine Qty:12, for Acupuncture two times a week for six weeks for cervical spine Qty: 12, Chiropractic times six for cervical spine Qty: 6, and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for cervical spine Qty:12: Upheld

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

<http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>; ODG Neck and Upper Back Chapter

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

Decision rationale: Per California MTUS Treatment Guidelines 2009, physical therapy is indicated for the treatment of chronic neck pain. Recommendations state that for most patients with more severe acute and subacute neck pain conditions 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case, the claimant has completed 6 physical therapy sessions without any documented reported objective improvement, decreased pain or decreased use of pain medications. There is no specific indication for the requested additional 12 more sessions. Medical necessity for the requested additional physical therapy sessions has not been established. The requested service is not medically necessary.

Acupuncture two times a week for six weeks for cervical spine Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The MTUS/Acupuncture medical treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented as defined by the guidelines further treatment will be considered. In this case the initial request exceeds the guideline recommendations. In addition, additional physical therapy sessions and chiropractic treatments have also been requested. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Chiropractic times six for cervical spine Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/ Upper Back Chapter; ACOEM Practice Guidelines Pain, Suffering, and Restoration of Function Chapter, page 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59.

Decision rationale: There is no specific indication for the requested chiropractic treatments for the cervical spine. Per California MTUS Guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. In this case additional physical therapy sessions and acupuncture have also been requested. There is no documentation provided warranting all the requested treatment modalities. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Per California MTUS Treatment Guidelines, Cyclobenzaprine is not recommended for the long-term treatment of chronic musculoskeletal pain. The medication has its greatest effect in the first four days of treatment. The documentaiton does not indicate that there are palpable muscle spasms and there is no documentaiton of functional improvement from any previous use of this medication. Per California MTUS Treatment Guidelines muscle relxants are not considered any more effective than nonsteroidal anti-inflmmatory medications alone. Based on the currently available information, the medical necessity for the requested item has not been established. The requested item is not medically necessary.