MAXIMUS Federal Services

Case Number:	CM15-0115412		
Date Assigned:	06/23/2015	Date of Injury:	09/13/1996
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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: Emergency 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 injured worker (IW) is a 68 year old male who sustained an industrial injury on 09/13/1996. He had multiple lower back injuries during his employment. The injured worker was diagnosed as having chronic pain syndrome, lumbago, cervicalgia, degeneration of lumbar or lumbosacral intervertebral disc, lumbospondylosis without myelopathy, and cervical spondylosis without myelopathy. Treatment to date has included chiropractic care, MRI, physical therapy for muscle strengthening , pool therapy and several epidural steroid injections (10/2006, 12/2016, and 3/2007) with significant relief. He wears a back brace. Currently, the injured worker complains of chronic pain, pain in the low back radiating across with stiffness, and pain in the neck with headaches and stiffness. His pain does not radiate below the back. Prolonged sitting and standing make his pain worse as does arching. Pain in the neck is progressively getting worse. The pain is worse with looking up and turning to the left. He complains of pain in the shoulder blades. He denies any stiffness, spasms, but has right sided parietal headaches. The character of his pain is aching and stabbing with pins and needles sensation. His pain is usually rated at a 3/10, can intensify to 8/10, and his least pain is 2/10. Prolonged sitting and standing makes his pain worse. Medication, rest, heat and ice make the pain better. Medication, rest, heat and ice make his pain better. He is looking for a better quality of life, ability to sleep and rest better, and possibly avoiding surgery. Medications include Norco, Voltaren gel, BenGay, Aleve, and Celebrex. His discomfort is moderate in intensity. On exam there is no allodynia, no hyperpathia, Lower extremity exam is normal, coordination is normal; he has normal gait, no spasticity or cog

wheeling. MRI of the cervical spine 07/15/2014 shows several areas of disc desiccation in the thoracic and lumbar spine with moderate posterior ligamentous and facet hypertrophic changes at L4-5. MRI of the cervical spine 06/29/2012 show mild reversal of the cervical lordosis at level C5-6 and mild broad based posterior disc osteophyte complex at C5-6. There is no significant central or neuroforaminal narrowing is seen. There are degenerative facet disease changes at multiple levels in the cervical spine. The treatment plan is for medial branch blocks at bilateral L5-S1. Long-term and persistent use of the back brace was discouraged, diagnostic medial branch blocks are planned, and home exercise program was encouraged. A request for authorization is made for: 1. Chiropractic therapy to neck (sessions) Qty: 6.00, 2. Chiropractic therapy to lower back (sessions) Qty: 6.00, 3. Acupuncture (sessions) Qty: 6.00, 4. Amlodipine Besylate 5mg Qty: 330.00, and 5. Benicar HCT 12.5mg/40mg Qty: 330.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to neck (sessions) Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 58-60,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request is for chiropractic therapy to neck for 6 sessions. Manual therapy 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. 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. Treatment beyond 4-6 visits should be documented with objective improvement in function. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. The injured worker has already received an extensive duration of chiropractic treatment, per the records available it appears to have been 16 sessions over 8 weeks. The treating physician documents a 75% decrease in pain, as well as relief of headaches thought to be related to chronic neck pain. As per above, the goal of passive therapy is to facilitate progression in a therapeutic exercise program and return to productive activities. There is no documentation

of an active therapy plan for the injured worker. There is poor documentation of a clear functional benefit. While there has been an improvement in pain, the request as written is beyond the recommendation of the MTUS guidelines, specifically 1 session per week over a month with the requirement of reassessment and documentation of clear functional benefit. Therefore, the request as written is not medically necessary.

Chiropractic therapy to lower back (sessions) Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 58-60, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request is for chiropractic therapy to lower back for 6 sessions. Manual therapy 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. 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. Treatment beyond 4-6 visits should be documented with objective improvement in function. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. The injured worker has already received an extensive duration of chiropractic treatment, per the records available it appears to have been 16 sessions over 8 weeks. The treating physician documents a 75% decrease in pain, as well as "functional improvement." The exact improvement is not documented, and there is no return to work as the injured worker is retired. As per above, the goal of passive therapy is to facilitate progression in a therapeutic exercise program and return to productive activities. There is no documentation of an active therapy plan for the injured worker. There is poor documentation of a clear functional benefit. While there has been an improvement in pain, the request as written is beyond the recommendation of the MTUS guidelines, specifically 1 session per week over a month with the requirement of reassessment and documentation of clear functional benefit. Therefore, the request as written is not medically necessary.

Acupuncture (sessions) Qty: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is for acupuncture. 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 functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The typical duration of treatment to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, which requires either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The injured worker has already had a course of acupuncture, and while there is documentation of a decrease in pain, there is no documentation of a clear functional benefit. The requirements of the MTUS guidelines have not been met, and therefore the request as written is not medically necessary.