

Case Number:	CM15-0117015		
Date Assigned:	06/25/2015	Date of Injury:	07/31/2012
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, 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 injured worker is a 49-year-old female, who sustained an industrial injury on 7/31/12. She reported initial complaints of cumulative pain to neck, shoulders, low back, hands/wrists, and knees. The injured worker was diagnosed as having cervical neuritis; cervical sprain; cervical disc herniation; lumbar sprain; shoulder sprain; wrist sprain; wrist bursitis. Treatment to date has included chiropractic therapy; TENS unit; wrist brace; lumbar brace; medications. Diagnostics included EMG/NCV study Left upper extremity (2/19/15). Currently, the PR-2 notes dated 5/20/15 indicated the injured worker complains of constant moderate pain within the cervical region left more than right with associated headaches and radiation; constant moderate to more than moderate pain within the lumbo-sacral region increased on the left with radiation; frequent more than moderate pain within the left carpal region; frequent more than moderate pain within the bilateral shoulder regions. On physical examination the provider documents positive right shoulder depression test with positive right maximal foraminal compression test and cervical distraction test is positive. The bilateral Yeoman's, Kemp's Speed's, Apley's, Phalen's and reverse Phalen's are positive. Range of motion is noted for the cervical spine as flexion 30/55, extension 30/45, left lateral bending 25/40, right lateral bending 25/40, left rotation 65/80 and right rotation 65/80. The provider then documents the lumbar flexion 60/90, extension 10/30, left lateral bending 20/30, right lateral bending 15/30, left rotation 20/30 and right rotation 15/30. The provider notes that movement and orthopedic testing produces grimacing of the face. The interpretation of EMG/NCV left upper extremity dated 2/19/15 indicates an abnormal study. There is electro diagnostic evidence of a moderate demyelinating median neuropathy across the left wrist. There is no electro diagnostic evidence of a left upper extremity radiculopathy,

plexopathy or other mononeuropathy. The provider's treatment plan included a request for authorization of spinal manipulation, EMS, MFR two times a week for four weeks; mechanical traction two times a week for four weeks and condition/function restoration two times a week for four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation, EMS, MFR two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Chiropractic therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the request for spine manipulation, electric muscle stimulation, and myofascial release two times per week times four weeks is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. 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. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. In this case, the injured worker's working diagnoses are cervical neuritis; cervical disc herniation; shoulder sprain; wrist sprain; cervical sprain; lumbar sprain; wrist bursitis; syndrome. The medical record contains three progress notes. One progress note is dated October 22, 2014, the second December 3, 2014, and the third May 20, 2015. Utilization review indicates the injured worker received periodic chiropractic treatment. The total number of chiropractic sessions to date is not documented in the record. There is no documentation demonstrating objective functional improvement. The guidelines allow for a six visit clinical trial with chiropractic manipulation. However, as noted above there is no objective functional improvement documented so additional chiropractic treatment is not clinically indicated. The guidelines also do not recommend electric muscle stimulation and myofascial release. Consequently, absent clinical documentation with a clinical indication and rationale for additional chiropractic treatment, total number of sessions to date, evidence of objective functional improvement (from prior chiropractic), and guidelines non-recommendations for electric muscle stimulation and myofascial release, the request for spine manipulation, electric muscle stimulation, and myofascial release two times per week times four weeks is not medically necessary.

Mechanical traction two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Traction.

Decision rationale: Pursuant to the ACOEM, mechanical traction two times per week times four weeks is not medically necessary. "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. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." Traction is recommended for patients with radicular symptoms in conjunction with a home exercise program. Power traction devices are not recommended. In this case, the injured worker's working diagnoses are cervical neuritis; cervical disc herniation; shoulder sprain; wrist sprain; cervical sprain; lumbar sprain; wrist bursitis; syndrome. The medical record contains three progress notes. One progress note is dated October 22, 2014, the second December 3, 2014, and the third May 20, 2015. Utilization review indicates the injured worker received periodic chiropractic treatment. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Traction is recommended for patients with radicular symptoms in conjunction with a home exercise program. Power traction devices are not recommended. Subjectively and objectively, there is no indication for documentation of radiculopathy. Consequently, absent guideline recommendations for traction, mechanical traction two times per week times four weeks is not medically necessary.

Condition/Functional restoration two times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program, Work hardening Page(s): 49, 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program, Work hardening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, conditioning/functional restoration two times per week times four weeks is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some

documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnoses are cervical neuritis; cervical disc herniation; shoulder sprain; wrist sprain; cervical sprain; lumbar sprain; wrist bursitis; syndrome. The medical record contains three progress notes. One progress note is dated October 22, 2014, the second December 3, 2014, and the third May 20, 2015. The request submitted by the treating provider is unclear. It is unclear whether the treating provider requested work conditioning or a functional restoration program. Work conditioning would only be supported after completion of the general course of physical therapy. There is no documentation in the medical record a complete course of physical therapy was completed. There is no documentation in the medical record of physical therapy. With respect to the functional restoration program, it is unclear whether the treating provider requested a full functional restoration program. There is no documentation in the record of a multidisciplinary evaluation to evaluate the injured worker for such program. There is no psychological evaluation of the medical record. Consequently, absent specificity, the request for conditioning/functional restoration two times per week times four weeks is not medically necessary.