

Case Number:	CM13-0000886		
Date Assigned:	04/30/2014	Date of Injury:	02/14/2013
Decision Date:	06/10/2014	UR Denial Date:	06/10/2013
Priority:	Standard	Application Received:	06/28/2013

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 Licensed Chiropractic, 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 patient is a 42 year old female who was injured on 02/14/2013 while she sustained an accumulative trauma injury to her neck and thoracic spine associated with typing and entering data on two screens through 02/14/2013. Prior treatment history has included the patient's use of a TENS unit, which helps but the burning sensation always returns. Her medications include Celebrex 200 mg and Flector patch. Diagnostic studies reviewed include MRI of the cervical spine done 11/08/2012 showing changes on the right C3-4 with mild asymmetric facet arthropathy mildly narrowing the right neural foramen. At C5-6 level, there is a minimal disc bulge and there is mild asymmetric left uncovertebral spurring. This minimally narrows the left neural foramen but no significant central canal stenosis. Supplemental physician's report dated 03/22/2013 documents the patient's status as improved, but slower than expected. Treatment: manipulation, traction, neuromuscular re-education, myofascial release, 2 treatments per week over 4 weeks and re-evaluate. PR-2 dated 09/19/2013 documented the patient with complaints of a heat or burning sensation in her neck and upper back. The pain radiates into both of her arms, from the outside of the elbow down to her hands. Objective findings on exam of the cervical spine reveal moderate trapezial muscle and cervical paraspinal muscle tenderness, Decreased flexion and extension, Radicular pattern of burning down outside of arms. Reflexes are 1.4 in biceps, brachioradialis and 2/4 in the triceps. Diagnoses are Cervical disc disorder, and Thoracic disc without myelopathy PR-2 dated 04/17/2014 documented the patient with complaints of always having some pains. Treatment Plan: The long term plan for this slight cervical disc disease is conservative care with physical therapy, medications and possible epidural steroid injection. She may need additional physical therapy for her neck and upper back. She has the TENS unit which is helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 20 CHIROPRACTIC VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page(s) 58-59, the guidelines support Chiropractic care of chronic conditions beyond the initial trial 6 visits, if there is a well-up or flare-up which causes a loss of specific functional capacity. Low Back: Recommended as an option-therapeutic care trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week period. Since this is not a lower back injury, this request would not be supported by the guidelines. Further, chiropractic care is also supported if said treatment to date has restored specific functional loss. A series of chiropractic treatments has been utilized (20 visits) with no documentation or statement in the record as to what prior functional impairment or loss was restored by said treatment. The guidelines also state there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the records as to what functional capacity will/can be restored by continued/additional chiropractic treatment. Therefore, continued (20) visits of chiropractic treatments are not medically necessary.

10 ADDITIONAL CHIROPRACTIC VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page(s) 58-59, the guidelines support additional Chiropractic care of chronic conditions if there is a well-up or flare-up which causes a loss of specific functional capacity. Since there is no documentation of flare-up of symptoms and the associated retrospective request for chiropractic treatment is not considered medically necessary, the medical necessity for the additional 10 sessions of physical therapy has not been established and the request is not medically necessary.