MAXIMUS Federal Services

Case Number:	CM13-0015077		
Date Assigned:	10/04/2013	Date of Injury:	10/01/2002
Decision Date:	01/31/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed in 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.

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 56-year-old female, employed as a photo processor who sustained an injury to her bilateral forearms and wrists on 10/1/2002. The patient also complains of constant pain in the mid-cervical spine which is deemed accepted as an area of injury by the agreed medical evaluator (AME) per his report. The mechanism of injury has been documented and confirmed in the AME's re-evaluation report date 2/27/2013 to be consistent with patient's account of the injury and complaints. Treatment since the date of injury has included physical therapy and medications. The patient has self-procured chiropractic care in the past to the cervical spine, last treated by a chiropractor in 2011. The patient has not received chiropractic care from 2011 to 2013. The MRI scan per the AME report "elude to a lesion or mild malacia." The x-ray finding per the AME report present all findings to be within normal limits. The electromyography (EMG) study conducted are negative for "any electrical evidence of a cervical radiculopathy." The patient has a future medical award issued in 2004. The patient was seen by her chiropractor for her flare-up on 7/22/13 for an examination and chiropractic treatment and since previous chiropractic care has been helpful to the patient. The primary treating provider (PTP) is requesting 6 sessions of chiropractic therapy to be rendered from 7/22/13 to 10/4/13 (no frequency listed).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic treatments between 7/22/2013 and 10/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation, Flare-ups/Recurrences

Decision rationale: This is a chronic case with a stip and award for future medical treatment per records reviewed. The agreed medical evaluator (AME) has confirmed that the cervical spine is included in the award per his initial report. The Chronic Pain Guidelines indicate that manual therapy and manipulation "are recommended for chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." This is specific for the low back in this section of the Chronic Pain Treatment Guidelines and does not list the cervical spine as a body part. The Official Disability Guidelines indicates that under recurrences/flare-ups that "Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." There is no evidence in the records of this evidence before and after chiropractic care. Evidence only exists before the care. The Occupational Medicine Practice guidelines, Manipulation and Manual Therapy section does address the cervical spine as a body part and adds that using cervical manipulation "may be an option for patients with occupationally related neck pain. It is reasonable to incorporate it within the context of functional restoration rather than pain control." The guidelines define functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam." The objective measurements taken by the AME and the PTP on the patient's visits on 2/27/13 and 7/22/13 are extensive, but evidence of objective functional improvement before the chiropractic care exists and not after. Due to the lack of treating physician's documentation of objective functional improvement data from past treatments, to be compared to post-chiropractic therapy measurements, the 6 chiropractic sessions to the cervical spine are not appropriate and not medically necessary.