

Case Number:	CM13-0023174		
Date Assigned:	12/11/2013	Date of Injury:	06/30/2000
Decision Date:	02/28/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 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. 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 employee is a 60-year-old female who sustained a neck injury on 6/30/00. This seems to be the primarily injured body part with radiation of pain to the right shoulder blade and clavicle serving as the secondary sites affected. The employee also complains of numbness in her arms and hands. She underwent surgery in 2001 and is status post cervical fusion C5-6 and C6-7. The employee's medications have included opioids and anti-inflammatories. The employee has also received acupuncture and H-wave unit therapies as modes of conservative care. Electrodiagnostic studies obtained in 2012 show no evidence of generalized peripheral neuropathy. MRIs obtained in 2012 show severe degenerative disc disease with increased right foraminal narrowing associated with osteophytes complexes at C3-C4 and C4-C5. Current complaints include persistent neck, upper shoulder and right upper back pain. The employee's provider has requested authorization for 12 chiropractic sessions to alleviate the neck and right upper shoulder pain. Based upon the submitted documentation, the employee has not previously received chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Course of 12 sessions of chiropractic treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60.

Decision rationale: The employee has a significantly pathological cervical spine. CA MTUS guidelines indicate that "using cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. Consistent with application of any passive manual approach in injury care, it is reasonable to incorporate it within the context of functional restoration rather than pain control alone." The guidelines also state that "physical manipulation of neck pain early in care" is optionally recommended. According to the guidelines, manipulation and manual therapy "is recommended as an option for a trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The employee is status post fusion. Chiropractic care has been requested mainly for pain control purposes and not functional restoration. In the absence of prior chiropractic care and given the nature and severity of the employee's pathology of the cervical spine as well as her post-fusion status, the requested course of 12 sessions of chiropractic treatment is not medically necessary and appropriate.