

Case Number:	CM13-0023439		
Date Assigned:	07/02/2014	Date of Injury:	02/02/2001
Decision Date:	08/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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 Board Certified in Family Medicine, 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:

This is a 56 year old female who reported an industrial injury on 2/2/2001 to the neck and right shoulder attributed to the performance of her job tasks. The patient is documented to have prior sessions of chiropractic care directed to the cervical spine. The patient was assessed as having cervical myofascial pain with a right C5-C6 disc herniation and bilateral shoulder impingement. It was noted that the patient declined surgical intervention to the cervical spine. The objective findings on examination included trigger points in the right levator scapula; normal cervical spines range of motion reflexes intact; localized pain at the extreme of midline extension and foraminal compression bilaterally; surgical scar over the right distal clavicle; tenderness over the right supraspinatus tendon and bicipital tendon; Thrombotic thrombocytopenic purpura TTP to the right AC joint; positive impingement testing on the right; patient was neurologically intact. The MRI of the cervical spine dated 10/18/2012 documented evidence of worsening degeneration of C5-C6 with moderate to severe right neural foraminal narrowing secondary to uncovertebral joint hypertrophy and a degenerative disc bulge; C6-C7 focal right central disc osteophyte complex measuring 3 mm contiguous with the right upper vertebral joint hypertrophy which results in mild central canal stenosis and mild indentation of the right ventral cord and moderate right foraminal narrowing. Electrodiagnostic testing on 3/8/2013 demonstrated evidence of moderate right carpal tunnel syndrome and right C5 cervical radiculopathy. The patient was previously treated with a cervical ESI. The diagnoses included cervical spondylosis/stenosis with myofascial pain without a verifiable radiculopathy; s/p right shoulder arthroscopic subacromial decompression with distal clavicle excision on 7/29/2012; residual right shoulder pain with range of motion limitations. The patient was prescribed six (6) sessions of chiropractic care to the cervical spine and a Saunders Home traction unit for the neck. it was

noted that the patient had prior chiropractic care directed to the cervical spine and shoulder and recently obtained five sessions of chiropractic care on her own.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT X 6 VISITS FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: The objective findings documented do not support the medical necessity for chiropractic care sessions for chronic pain for the treatment of neck pain with no objective findings on examination other than tenderness and reduced ROM. The patient has prior sessions of chiropractic care for this industrial injury. The patient is noted to have received five additional sessions of chiropractic care directed to the cervical spine without any demonstrated functional improvement. The provided chiropractic care is maintenance care and is not recommended by evidence based guidelines. There are no recommendations for chiropractic care for chronic neck pain. The patient should be exercising on her own in a self directed home exercise program. The clinical documentation does not support chiropractic care directed to chronic neck pain. The request for chiropractic care/CMT is inconsistent with the recommendations of the CA MTUS and the ACOEM Guidelines. There is no recommendation for chiropractic therapy for chronic cervical spine pain related to cervical DDD or musculoligamentous tenderness. The patient is receiving maintenance care with no demonstrated sustained functional improvement with the chiropractic treatment provided. The continued treatment of the patient with chiropractic care/CMT for chronic neck pain 13 years after the DOI is not supported with objective evidence or any demonstration of functional improvement. The treating diagnoses do not support the medical necessity of additional chiropractic care as opposed to integration into a self directed home exercise program. The provision of chiropractic maintenance care is not recommended by the ACOEM Guidelines or the CA MTUS. The ACOEM Guidelines do not recommend chiropractic care for chronic neck pain. The CA MTUS recommends up to nine (9) sessions of chiropractic care to the cervical/lumbar spine for acute cervical/lumbar strains with a demonstration of functional improvement in order to establish the medical necessity of additional sessions of treatment. The CA MTUS and the Official Disability Guidelines recommend that number of sessions of chiropractic care for acute regional neck pain is up to nine (9) sessions. The ACOEM Guidelines do not recommend chiropractic care for chronic neck pain. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic lower back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of

chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain but not for chronic pain. The patient is not documented to be participating in a self-directed home exercise program for the treatment of her reported chronic Neck pain. The requested treatment is being directed to chronic Neck pain which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the Neck. There is no demonstrated medical necessity for the requested additional six (6) sessions of chiropractic care.

DURABLE MEDICAL EQUIPMENT (DME): SAUNDERS HOME TRACTION FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Traction Cervical.

Decision rationale: The use of the Saunders home cervical traction unit for the diagnosis of cervical DDD and radiculopathy is not supported by evidence based guidelines. The patient has not been demonstrated to have objective findings consistent with a cervical spine nerve impingement neuropathy or cervical radiculopathy. There is no evidence based guideline recommendation for the use of a powered cervical traction unit. There is no documentation of an initial trial with over the door manual cervical traction. The patient was noted to have a C5 radiculopathy by electrodiagnostic studies; however the MRI of the cervical spine failed to demonstrate a nerve impingement radiculopathy. There is no provided medical documentation or objective evidence to support the presence of a cervical spine radiculopathy in the patient in order to support the medical necessity of the requested cervical traction unit. The objective findings provided did not demonstrate any objective evidence of a cervical radiculopathy as there were no documented motor or sensory neurological deficits to the bilateral upper extremities. The patient only has subjective findings. The ODG and the ACOEM Guidelines do not recommend the use of cervical traction for neck pain or cervical spine DDD. The diagnosis of acute or chronic neck pain without objective evidence of a cervical radiculopathy does not meet the requirements of the ACOEM and the Official Disability Guidelines for the use of cervical traction. The documented subjective and objective physical findings by the provider are inconsistent with the criteria recommended by the ODG for the authorization of cervical traction units. There are no objective findings of a cervical radiculopathy as the patient is demonstrated to have a normal sensory examination to the upper extremities and there are no documented neurological deficits. The objective signs of a cervical radiculopathy are not documented to demonstrate the medical necessity of a home supine cervical traction unit. The conservative

treatment provided to the patient has not been documented and there is no failure of an over the door cervical traction device consistent with the applicable evidence based guidelines. There is no demonstrated medical necessity for the requested Saunders home cervical traction unit as DME.