

Case Number:	CM13-0025389		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2001
Decision Date:	05/06/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 injured worker is a 57-year-old who sustained an injury in April of 2001. The mechanism of injury is not available from the medical records. The patient was evaluated by her physician in 2012 when she was complaining of neck and back pain as well as scapular area pain. She has history of cervical fusion in 2008. Following the examination on September 5, 2012 and on subsequent visits, her physician advised 6 weeks of chiropractic care. An MRI showed postoperative changes, degenerative changes; without stenosis. She was already taking medications such as Oxycodone and Topamax. She has previously undergone chiropractic manipulation according to the medical report dated September 13 and October 18, 2012. However, the duration, the results, the amount or outcome is not provided. The medical records provided for review did not contain records from 2013 that were used in the utilization review decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY, 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MANIPULATION Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manual Therapy: Neck and upper Back section, and The Spine Journal Volume 11, Issue 1, pages 64-72.

Decision rationale: The patient has history of cervical fusion, according to the records, she has physical deconditioning and weakness. The ODG recommends manipulation for mechanical neck problems and Post Laminectomy syndrome. However, no recommendations exist regarding this treatment following neck fusion surgery. The Chronic Pain Medical Treatment Guidelines do not recommend manipulation to the upper extremities. A systematic review of the literature in the Spine Journal yielded no studies to adequately address the role of manipulation/chiropractic in the management of cervical radiculopathy from degenerative disorders as were present on the MRI findings for this patient. The review did identify several case reports and series describing serious vascular and nonvascular complications and adverse outcomes associated with manipulation including radiculopathy, myelopathy, disc herniation, and vertebral artery compression. The true incidence of such complications is unknown, and estimates vary widely. Some complications have occurred in patients with previously unrecognized spinal metastatic disease who did not have pre manipulation imaging. Most patients with serious complications of manipulation require emergent surgical treatment. As the efficacy of manipulation in the treatment of cervical radiculopathy from degenerative disorders is unknown, careful consideration should be given to evidence suggesting that manipulation may lead to worsened symptoms or significant complications when considering this therapy. Pre manipulation imaging may reduce the risk of complications. The request for Chiropractic/physiotherapy treatments for the cervical spine and bilateral upper extremities, twice per week for six weeks, is not medically necessary or appropriate.