

Case Number:	CM13-0041742		
Date Assigned:	01/24/2014	Date of Injury:	03/27/1978
Decision Date:	04/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 60 year old male who sustained injuries to his neck and back on 3/27/1978 as a result of a fall. Current complaints as reported by the PTP are "stiff sharp neck pain which radiates to the left trapezius, left shoulder, left posterior scapula and left hand." Patient has been treated with medications, TENS unit, physical therapy, massage, epidural injection and chiropractic care. An MRI of the cervical spine has demonstrated disc bulges at C3/C4, C4/C5 and C5/C6 with spinal stenosis. EMG/NCV studies of the upper extremities reveal evidence of carpal tunnel syndrome more on the right than left with no radial or ulnar neuropathy. Diagnoses assigned by the PTP for the cervical spine are cervical IVD syndrome and displacement of cervical disc. The PTP is requesting an initial trial of 3 chiropractic sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 3 TIMES A MONTH FOR 1 MONTH FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Manipulation Section.

Decision rationale: This patient suffers from a chronic injury to his neck that occurred 36 years ago. The QME in his report of 3/11/13 has recommended 30-36 sessions of chiropractic care per year and the patient has been given future medical award. The PR2 reports provided for review present no objective functional improvement with the care rendered, when it was rendered on a month to month basis. The range of motion findings and pain levels are identical when comparing treatments rendered in the same months. For example PR2 dated 6/5/13 has the same exact range of motion findings and pain level listed for the cervical spine as does the PR2 report dated 7/2/13. The MTUS-Definitions page 1 defines 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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS ODG Neck Chapter, Manipulation Section States : "with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute avoid chronicity and gradually fade the patient into active self-directed care." Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 3 chiropractic sessions to not be medically necessary and appropriate.