

Case Number:	CM13-0047585		
Date Assigned:	12/27/2013	Date of Injury:	09/16/1998
Decision Date:	02/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Chiropractics 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 injured worker is a 51-year-old female was working as an account clerk and suffered a repetitive stress injury to the upper chemise and neck on September 16, 1998. Surgically she has undergone left carpal tunnel release, left cubital nerve release, medial epicondylectomy and medial release, and right carpal tunnel release and ulnar nerve transposition. She was found permanent stationary back in 2004 and 2005 with future medical considerations. On October 20, 2013 she followed up with a primary treating chiropractor for flare-ups of the right wrist, with muscle spasms in the neck and trigger points in the mid scapular region. The request was made for eight chiropractic treatments including manipulation and myofascial release. Utilization review was performed on October 23, 2013, at which point the request for a visits of chiropractic in Mr. the neck and upper chemise was reviewed. The request was partially certified for six visits of chiropractic and to the neck and upper extremities. Criteria used was California medical treatment utilization schedule and the chronic pain medical treatment guidelines along with ODG guidelines. History also reveals prior authorization for chiropractic treatment on January 31, 2013 for six visits of chiropractic care certified, and for March 28, 2013, 4 additional chiropractic treatments to the neck and arm certified. The most recent diagnosis is cervicobracial syndrome, cervical spondylosis, chronic myofascitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments to the neck and upper extremities x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation and functional improvement Page(s): 48, 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical spine.

Decision rationale: The injured worker is clearly a chronic pain patient that the history shows she has required medical intervention after becoming permanent and stationary back in 2004 and 2005. Most recently in early 2013 she started experiencing flare-ups in her neck and upper extremities. She undertook chiropractic care at which point treatment was authorized in January 2013 for six visits for a flare up, and in March 2013 for initial four visits for the neck and arms for flare-ups of the patient was experiencing. At this time in October 2013 the primary treating chiropractor has requested eight visits of chiropractic care due to the severities of the symptoms being greater than before affecting activities daily living. Utilization review modified the request to six visits and IMR was initiated. The California pain medical treatment guidelines recommend care for chronic pain cases based on functional improvement. ODG chiropractic guidelines for the cervical spine recommend chiropractic care at a trial of six visits over 2 to 3 weeks with evidence of functional improvement. A medical report dated October 2, 2013 requested eight visits of chiropractic care, a follow-up medical report dated November 20, 2013 and December 19, 2013 revealed functional improvement with the chiropractic care that the patient received by the primary team chiropractor. On the report of November 20, 2013 there's a request for additional four visits of chiropractic care which is not covered in this review. Medical necessity for eight visits of chiropractic care was not met due to lack of medical records showing functional improvement at the time of request, though future records after the utilization review the show functional improvement and can be considered in future requests.