

Case Number:	CM13-0052476		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2012
Decision Date:	03/12/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 patient is a 31 year old female who injured her neck, shoulder and lower back on 3/22/2012 while performing her duties as an office supervisor. Per specialty physician's consultative report dated 12/11/13 symptoms reported are "headaches rated as 6-7/10, neck pain rated as 4/10 and back pain rated as 3-4/10." Patient has been treated with medications, chiropractic therapy, physical therapy and a right shoulder cortisone injection. Diagnoses assigned by the treating chiropractor are cervical disc herniation, lumbar disc herniation, sciatica, right shoulder derangement and interscapular tear. MRI of the cervical spine performed on 12/3/12 provided the following finding: "straightening of the cervical curvature which indicates myospasm with 2-3 mm central disc herniation at C3-C6." An MRI of the right shoulder performed on 12/3/12 demonstrated "no complete rotator cuff tears or fluid filled gap, with a 1 cm linear hyperintensity in the inferior surface of the distal infraspinatus tendon which may represent a subtle undersurface tear involving 25% thickness." An MRI of the lumbar spine performed on 12/3/12 demonstrated "wide anterior epidural space at L5/S1 and S1/S2 with a 2mm to 3 mm central/paracentral disc herniation at L5/S1." EMG/NCV study of the upper and lower extremities performed on 5/5/12 provided the following impression: "There is no electrodiagnostic evidence of a neuropathic or a myopathic process in bilateral process in bilateral upper extremities at this time. Also, no electrodiagnostic evidence of a neuropathy or a plexopathy in bilateral upper extremities, there is evidence of an acute bilateral L5 lumbar radiculopathy, there is no evidence of peripheral neuropathy or entrapment neuropathy in both lower extremities at this time." A pain management compliance test was performed on 5/31/13. Although the QME report was not provided in the records reviewed the QME has awarded future care to include chiropractic care per UR review notes. The PTP is requesting 12 sessions of chiropractic care to the neck, right shoulder and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Therapy visits for the neck, right shoulder and lumbar spine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Neck, Shoulder Chapters. Manipulation Section.

Decision rationale: This is a chronic case with future medical award. 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." The records provided do not demonstrate any evidence of functional improvement in the reported 16 sessions of chiropractic therapy provided or reduction in work restrictions. MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The same section also states that manipulation is "recommended as an option." Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement total of up to 18 visits over 6-8 weeks. ODG Low Back and Neck chapter, Manipulation Section states: "Recurrences/flare-ups-Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." ODG Shoulder chapter recommends chiropractic care for the shoulder stating: "sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks." Given that chiropractic records do not demonstrate objective functional improvement I find that the 12 chiropractic sessions requested to the neck, right shoulder and lumbar spine to not be medically necessary and appropriate.