

Case Number:	CM13-0064753		
Date Assigned:	01/03/2014	Date of Injury:	07/22/2002
Decision Date:	07/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Acupuncture and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 07/02/2002, and the mechanism of injury was not provided. The documentation provided indicated that the injured worker had completed 10 sessions of chiropractic care in 2012 as well as 22 sessions in 2013. The injured worker had continued to complain of persistent left neck pain and stiffness associated with radiating shoulder and elbow pain. The clinical note dated 11/15/2013 the injured worker reported that she had progress with her 6 recent chiropractic visits, enabling her to return to her normal ADLs and household chores for up to 40 minutes; whereas before, she would limit her activity to 15 minutes. However, she still had complaints sharp pain that radiated into her left upper arm. On the physical examination dated 03/31/2014, the physician reported moderate restrictions in the cervical extension, rotation and lateral flexion bilaterally. There were moderate to severe myospasms along the trapezii and the maximum compression test was positive. The injured worker's diagnoses were cervical sprain, brachial neuritis and cervical disc syndrome. The injured worker's treatment plan was for chiropractic therapy 2 times a week for 4 weeks. Per the clinical note dated 05/28/2014, the injured worker reported that she had completed 4 visits of chiropractic treatment, which provided 30% improvement in her neck and shoulder pain, enabling her to decrease her medication intake by 50%. The injured worker continued to describe severe neck stiffness with rotation and lateral bending. The patient reported she manages her symptoms with stretching and rest, however, with limited results. On physical examination, the physician reported the injured worker had improved cervical range of motion with slight restrictions in rotation and lateral flexion bilaterally and the maximum compression test elicited pain. The physician reported that an unofficial MRI dated 08/31/2011 revealed a 3 mm right C5-6 disc protrusion. The physician's treatment plan included a request for additional chiropractic therapy at 2 times a week for 3 weeks to restore joint mobility and

spinal alignment for this acute flare up. The current request is for the continuation of chiropractic therapy at 2 times a week for 3 weeks to the C-spine. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE CHIROPRACTIC THERAPY AT 2X A WK FOR 3 WEEKS C-SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 3 and Chapter 5, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation CHAPTER 6, pages 173, 174, 124, 87-88, 113-114, 49, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic therapy 2 times a week for 3 weeks is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that manual therapy and manipulation are recommended for chronic pain that is caused by musculoskeletal conditions. The intended goal or effect of manual medicine is to achieve positive symptomatic or objective measurable gains of functional improvement that facilitate progress in the injured worker's therapeutic exercise program and a return to productive activities. The guidelines recommendation for therapeutic care is a trial of 6 visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Recurrent flare up treatments are recommended, but require a re-evaluation of the treatment success. If return to work was achieved, then 1 to 2 visits every 4 to 6 months. Per the clinical note dated 05/28/2014 injured worker reported that with her 4 recent treatments she had 30% improvement in her neck and shoulders, enabling her to decrease her medication intake by 50%. However, the injured worker continued to complain of severe neck stiffness with neck rotation and lateral bending. The current request was for chiropractic therapy at 2 times a week for 3 weeks to restore joint mobility and spinal alignment for this acute flare up. The guidelines recommend an initial trial of 6 sessions of chiropractic care for up to 18 visits where there is evidence of objective functional improvement. The submitted records report subjective improvement; however, there is no baseline value with regards to range of motion and strength to establish objective functional improvement. The clinical documentation submitted indicated that the injured worker had completed 38 prior sessions of chiropractic therapy of which exceeds the guideline recommendations. As such, the request for chiropractic therapy at 2 times a week for 3 weeks for the C-spine is not medically necessary.