MAXIMUS Federal Services

Case Number:	CM13-0065801		
Date Assigned:	01/03/2014	Date of Injury:	09/02/2011
Decision Date:	06/09/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Licensed in Chiropractic Care 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 an employee of [redacted] and has submitted a claim for cervicalgia associated with an industrial injury on September 2, 2011. Treatment to date includes oral analgesics, herbal medication, exercise program, trigger point injections/occipital nerve blocks, cervical epidural steroid injections, botox injections, physical therapy, acupuncture, and chiropractic therapy. Utilization review dated November 14, 2013 modified request for chiropractic therapy for the cervical spine 2x a week for 8 weeks from 16 visits to 10 visits. Reason for modification of request was not made available. Medical records from 2013 were reviewed and showed persistent severe right-sided head pain radiating to the neck into the right shoulder and arm. This extends into the fingers with numbness, tingling, sharp, shooting pain with associated burning. There is also a headache, neck pain and facial spasms. The pain is made worse by sitting, standing, walking. This is transiently improved with physical therapy. There is difficulty sleeping due to the pain. Physical examination of the cervical spine include decreased range of motion secondary to pain and muscle spasm, approximately 70% of normal flexion/extension, 50% lateral motion. There moderate to severe tenderness to suboccipital region with radiation into right occipital nerve distribution; severe pain to the right trapezius; right posterior column tenderness and pain with facet maneuver. The upper extremity has progressing symptoms of possible cervical spine involvement and radiculopathy. There is hypersensitivity with manipulation and light touch with decreased sensation to pinprick in the lateral forearms. There is decreased grip strength to bilateral hands. Triceps reflex are decreased to the right. Medications include Buspar, Topamax, Nucynta, Celebrex, trazodone. The patient was also taking Cymbalta however felt that she had declined in her functioning hence Cymbalta was increased to 60mg BID daily however, this caused gastric upset hence the patient reduced the dose once daily. The patient has been taking Cymbalta as far back as January 2013 but did

not feel that this helped. Other medications include Lyrica 150 mg BID, Lexapro which was subsequently changed to Celex, cyclobenzaprine, naproxen, amantadine, Cryselle, Nuvigil. Simple exercise program was started. The patient had a total of 16 visits to physical therapy(2 to 3 times weekly for 8 weeks) noted on a progress report dated July 31, 2013. The patient also had an unspecified number of acupuncture and chiropractic therapy sessions; however functional improvements were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE TWICE A WEEK FOR EIGHT WEEKS, CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck Chapter: ODG Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In this case, the patient was reported to have a persistent head, neck, and right shoulder pain. The patient has had prior chiropractic treatments since 2013, however there was no documentation regarding the frequency, duration, and objective functional benefits derived. It was not clear whether the previous chiropractic sessions would exceed the recommended total number of visits. Continuation of chiropractic care is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for chiropractic treatments is not medically necessary.