

Case Number:	CM13-0066661		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2009
Decision Date:	03/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 51 year old female who sustained a cumulative trauma injury to her neck from 6/1/2008 to 6/1/2009 while performing her duties as a database administrator. Chief complaints as reported by the primary treating physician's report dated 11/12/13 are "neck pain with radiating symptoms into her right upper extremity increasing with activities of daily living with any prolonged posturing of the neck and head, repetitive motion and lifting activities." The patient has been treated with medications, acupuncture, physical therapy, chiropractic care (unknown number of visits) and epidural injections. An MRI of the neck performed on 9/16/13 has "revealed a 2 mm mid-line disc protrusion with mild degree of central canal narrowing at C5/C6, disc dessication at C2/C3, C3/C4 and C6/C7 and disc dessication with endplate degenerative changes at C7/T1 with no herniations." EMG findings were within normal limits. Patient was awarded provisions for future medical care in 2011. Diagnoses assigned by the PTP are cervical sprain/strain, cervical disc herniation and cervical radiculopathy. The PTP is requesting 8 chiropractic sessions to the cervical spine, given the prior success the patient has experienced with chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for chiropractic care, two (2) times a week for four (4) weeks, directed to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient suffers from a cumulative trauma injury to her neck per the records provided. There are no chiropractic treatment notes in the records provided. Acupuncture treatment notes and PTP's progress reports are available which document patient's subjective and objective findings. The PTP's progress notes do not provide any documentation that shows objective measurable functional improvement and a reduced dependency on care as set forth by MTUS standards and definitions. Number of previous chiropractic care rendered is not available in the records. 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 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. For regional neck pain MTUS (ODG Neck chapter), Manipulation Section recommends: "9 visits over 8 weeks." Considering that records do not provide evidence of objective functional improvement and do not specify the number of previously completed sessions of chiropractic care, I find that the request for 8 chiropractic sessions to the neck to not be medically necessary and appropriate.