

Case Number:	CM13-0069057		
Date Assigned:	01/15/2014	Date of Injury:	06/03/2011
Decision Date:	05/22/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Chiropractor 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 43 year old female who was injured in 05/2011. The mechanism of injury is unknown. Prior treatment history has included 5 physical therapy sessions and was discharged due to lack of progress; medication therapy included hydrocodone; steroid injection; H-wave which was mildly effective; and hand rehabilitation. The patient also received cortisone shot for the left wrist which was successful. The patient underwent an anterior discectomy and fusion at C5-C7 fusion using iliac graft C5-7 on 04/24/2012. Diagnostic studies reviewed include cervical MRI performed on 09/20/2011 revealed left C5-6 par central disc extrusion resulting in severe canal stenosis with marked and distortion ventral surface cervical cord; C6-7 central right par central extrusion resulting in mild moderate canal stenosis without neural foraminal narrowing. EMG performed on 01/19/2011. Clinic note dated 02/24/2012 indicated the impression was right ulnar neuropathy, cubital tunnel, electrodiagnostic negative; severe cervical spinal stenosis with court deformity, nonindustrial; opiate dependence. The impression was right ulnar neuropathy, cubital tunnel, electrodiagnostic negative; severe cervical spinal stenosis with court deformity, nonindustrial; opiate dependence. Clinic note dated 03/27/2013 indicated the patient had a CT scan following surgery which suggested the likelihood of pseudoarthrosis at C5-C7. His pain has been severe and disabling and will require further surgery. PR2 dated 11/14/2013 indicated the patient did not wish to have surgery and does not want to take medications. She cannot turn her head as her cervical spine was surgically fused. She was experiencing greater than moderate pain with radiation of the symptoms into both upper extremities. She cannot sleep, sit, stand or lift even light objects and she has diminished grip strength. Objective findings on exam revealed her cervical rotation at 20 degrees on the right, 15 degrees on the left, flexion 25 degrees, all with moderate-severe pain; maximal foraminal compression created radiation of symptoms into the upper extremity on the right in the C5 and C8 distribution, with dysesthesia; shoulder distraction

is positive on the right wrist with radiation of pain into the arm; Tinel's was positive at both cubital and carpal tunnel regions. There is severe tenderness on palpation of the paraspinal musculature in the cervical region as well as the upper dorsal region, especially the levator scapula muscles. She was experiencing significant upper dorsal pain and spasm; DTRs are 1+; strength is 4/5 bilaterally in essentially all major muscle groups. The patient was diagnosed with cervical disc radiculopathy, postsurgical status/fusion and right cubital tunnel syndrome. PR2 dated 11/01/2013 indicated a well-healed postsurgical scar in the patient's anterior neck. The patient has significantly limited range of motion in her cervical spine in all directions. There was no muscle atrophy noted in her upper extremities; manual muscle testing revealed the muscle strength to be 5/5 throughout her bilateral upper extremities, except the right elbow extension, which was 5/-5; deep tendon reflexes were 2+ and symmetric at brachioradialis, biceps, and triceps; sensory examination revealed decreased sensation at her shoulder areas bilaterally and at C6, C7, and C8 levels of dermatomal distribution on the right; Tinel testing was equivocally positive on the right side; Hoffman's sign was negative. There was no clonus. The patient had a normal range of motion in her shoulders, elbows, and wrists; trigger point was identified in the patient's upper back muscles with twitch response. The patient was diagnosed with 1) Chronic pain syndrome; 2) Cervical spinal central stenosis; 3) Status post C5-6, C6-7 anterior fusion; 4) Failed cervical surgery; 5) Right lumbar chronic radiculopathy; 6) Insomnia; 7) Deconditioning; 8) Musculoskeletal syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation, page(s) 58-59, the guidelines support additional Chiropractic care of chronic conditions if there is a well-up or flare-up which causes a loss of specific functional capacity. Chiropractic care is also supported if said treatment to date has restored specific functional loss. A series of Chiropractic treatments has been utilized in this case (24 visits). There is no documentation or statement in the record as to what prior functional impairment or loss was restored by said treatment. The guidelines also state there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the records as to what functional capacity will/can be restored by continued/additional Chiropractic treatment, therefore, continued (10) Chiropractic treatment is not medically necessary.