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| Case Number: | CM13-0070373 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 12/15/1992 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 was injured on 12/15/1992. The mechanism of injury is not available for review. Prior treatment history has included being treated for 2 chiropractic treatments per month. On 08/06/2013 the patient was authorized two chiropractic treatments per month over 90 days and 2 acupuncture treatments over 30 days. Diagnostic studies reviewed include MRI of the lumbosacral spine dated 01/29/1999 showing mild degenerative changes in the lower lumbar spine. A brain MRI dated 07/16/2001 is essentially normal. A cervical spine MRI dated 07/16/2001 shows solid appearing C5-6 vertebral fusion with no evident stenosis. Mild C4-5 and C6-7 disc degeneration and bulging without evidence of discreet herniation or stenosis. Clinic note dated 02/26/2002 documented the patient to have complaints of headaches and neck pain. Objective findings on exam included upper extremity measurements and grip readings are within normal limits for a right-handed individual which she is. There is full range of motion of the shoulders, elbows, wrists, and fingers. 1+ bilaterally. Examination of cervical spine reveals there is a well-healed anterior cervical scar which is nontender. There is a normal cervical lordotic curve. There is a full range of neck motion. There is tenderness to palpation in the lower cervical region. Progress report dated 03/05/2013 documented the patient with complaints of neck pain and stiffness. Poor sleep, increased hand and arm pain. Progress report dated 07/17/2013 documented the patient complaining of discomfort in the right cervical, cervical and left cervical and experiencing extremity discomfort and/or paresthesia in the following areas: left anterior forearm, left anterior wrist, left anterior hand, right anterior forearm, right anterior wrist and right anterior hand. Objective findings on exam reveal multiple subluxations with taut/tender muscle fibers, hypomobility and end point tenderness were found and adjusted at the following levels: CX1, C5, C6, T3, right pelvis and sacrum. Progress report dated 11/07/2013 documented the patient is said overall she is feeling worse since her last visit. The patient presents with a

worsening of pain in her lumbar region with increased intensity and severity of pain. The patient presents with increased and exacerbated radiating bilateral arm pain. Objective findings on exam reveal multiple subluxations with taut/tender muscle fibers, hypomobility and end point tenderness were found and adjusted at the following levels: C1, C5, C6, T3, pelvis and sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for chiropractic adjustments to include heat and/or trigger point therapies x 2 visits over next 90 days: 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 Manual therapy and Manipulations Page(s): 58-59.

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. If return to work is achieved, the guidelines support in case of flare ups/exacerbation, 1-2 sessions. The medical records document that in August 2013, the patient was authorized 2 Chiropractic sessions over 90 days and 2 Acupuncture visits over 30 days. The medical records do not demonstrate the patient had obtained any notable functional improvement with previously rendered treatment. Maintenance care is not supported by the guidelines. In the absence of documented sustained improvement resulting from prior chiropractic and adjunctive treatment measures, additional visits would not be indicated. Therefore, the medical necessity of Chiropractic Adjustments to include Heat and/or Trigger Point Therapies x2 visits/month over next 90 days has not been established.

The request for acupuncture 2x/month for 90 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Acupuncture Medical Treatment Guidelines and Physical Medicine & Rehabilitation, 3rd Edition, 2007, Chapter 21: Physical Agent Modalities, pages 459 - 478

Decision rationale: According to the CA MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The patient has had prior treatments and there has not been documentation that the treatment has helped to reduce the pain, inflammation or increase range of motion. The medical necessity has not been established based on the guidelines.

The request for MRI Cervical/Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Physical Medicine & Rehabilitation, 3rd Edition, 2007. Chapter 7: Neurologic and Musculoskeletal Imaging Studies, pages 125 - 150.

Decision rationale: The guides state the need for cervical and thoracic MRI is based upon emergence of red flag signs, changes in physical findings and pre-operatively. This has not been established for this patient.