MAXIMUS Federal Services

Case Number:	CM14-0001365		
Date Assigned:	01/22/2014	Date of Injury:	11/20/2012
Decision Date:	03/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is Licensed 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 57-year-old female who was injured on 11/20/2012. The patient treated with Etodlac, ProFlex, Tramadol physical therapy, myofascial release/manual compression at the same facility without significant therapeutic effect. Recommendation is for chiropractic treatment (myofascial release) x 6 sessions. A 07/15/2013 CT scan of the lumbar spine without contrast showed multilevel degenerative disc disease and facet arthropathy with annular bulging and buckling of the ligamentum flavum contributing to up to mild to moderate degrees of canal narrowing, worst at L4-L5 level. Up to mild to moderate degrees of foraminal narrowing are also demonstrated, most notable at the L4-L5 level. Prominent lumbar disc herniations are not demonstrated. I cannot exclude a mild left paracentral disc protrusion at the L5-S1 level. Multilevel degenerative findings of the cervical intervertebral discs and facet articulations as detail above. Possible small posterior central protrusions at C2-C3, C3-C4 and C5-C6. There are no findings of severe canal stenosis. There does appear to be a mild to moderate degree of canal narrowing at the C3-C4 level and mild canal narrowing at C5-6 and C6-7 there may be some indentation of the anterior margin of the cord at the C3-C4 level. No evidence of severe foraminal stenosis is seen. There is up to a moderate degree of foraminal narrowing at the C6-C7 level. Facet arthropathy is demonstrated most prominently on the right side at the C2-C3 and C3-C4 levels. A 3/25/2013 cervical spine x-rays showed no fracture or subluxation seen. Mild multilevel degenerative disc and facet osteoarthritic changes are present, more focal at C2/3 posteriorly. Moderate to severe left neuroforaminal narrowing is questioned at C6/7; evaluation of the right neural foramina is limited. A 05/29/2013 cervical spine x-ray showed degenerative changes of the cervical spine as noted above. No cervical ribs indentified. Since 2011, patient had noted progressive neck and right hand pain/numbness. Patient was also having low back pain. At that time, they had the floor remodeled and she was reassigned to different cubicle with

ergonomically incorrect workstation. A physical exam on 05/29/2013 showed Cervical flexion is limited to 50 degrees, extension to 30 degrees, right rotation to 60 degrees, left rotation to 40 degrees, and right side bending to 20 degrees secondary to inflexibility. There is cervical paraspinal spasm with myofascial tightness. There is suprascapular spasm and myofascial tightness. There is atypical right Spurling's maneuver, Patient exhibits round back posture. There is pectoralis tightness. There is suprascapularis spasm. There is bilateral supraclavicular tenderness. There is positive bilateral Roos test. There is full elbow range of motion. There is positive Tinel sign at both elbows. There is full bilateral wrist and hand range of motion. There is positive bilateral carpal tunnel compression test. There is positive right greater than left Tinel's sign at the wrists. There is positive bilateral Phalens' test. Neurologic examination reveals grade 5/5 motor strength. DTRs are +2 and symmetric. There is normal tone. Sensory examination reveals deficit to light touch in the right C5 and C6 distribution as well as right L4, L5 and S1 distribution. There is diminished pinprick in the right C7 distribution and patchy in the right L4 and S1 distribution. There is normal proprioception and normal vibration. There is normal static, dynamic balance and gait. Chiropractic treatments is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (Myofascial Release) times 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy & Manipulation Page(s): 56-60.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions to achieve positive symptomatic or objective measurable gains in functional improvement. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is documentation by [redacted] that her range of motion of cervical spine, bilateral shoulders/trapezius, bilateral elbows, bilateral forearms, bilateral hands and wrists are full. As per the records submitted, she was already treated with 6 sessions from 04/25/2013 to 06/04/2013. There is no indication that the treatment resulted in objective functional improvement. The therapist note date 06/04/2013 indicates she is still in pain, 6/10. Therefore, the request for chiropractic treatment (myofascial release) x 6 sessions is non-certified.