

Case Number:	CM14-0007348		
Date Assigned:	02/10/2014	Date of Injury:	04/08/2013
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/20/2014

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 Chiropractic Medicine 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 56-year-old female, who is employed as a speech language therapist/pathologist. She experienced a work-related injury on 04/08/2013 when she was moving material from her car to her office back and forth on multiple times, which resulted in the development of neck pain and some are burning and numbness. She presented for orthopedic examination on 09/03/2013 reporting neck pain radiating to the left shoulder and arm and thumb since the accident on 04/08/2013. Per examination on 09/03/2013, she was able to toe walk and heel walk and squat without too much difficulty; there was increased pain with range of motion of the neck and limited motion with side to side turning and bending; upper extremity sensation decreased in the left C7 distribution, motor strength 5/5 throughout; DTRs 2+ and symmetrical, and Spurling's test positive on the left. Cervical spine x-rays were performed on 04/08/2013 revealing loss of disc height at C 5-6 and C6-7. The physician recommended chiropractic and acupuncture 2 times per week for 6 weeks for treatment of diagnoses of (displacement of cervical intervertebral disc without dialogue.), (brachial neuritis or radiculitis), and (cervicocranial syndrome). The patient returned for follow-up care on 10/22/2013 reporting chiropractic and acupuncture have been helpful. The patient underwent reevaluation on 12/03/2013 reporting she had been undergoing acupuncture and chiropractic with benefit, and the medical provider recommended continuation of chiropractic care at a frequency of 1 time per week for 12 sessions. Through 12/11/2013, the patient had completed 12 sessions of physical therapy and 12 sessions of chiropractic. Another reevaluation was performed on 01/17/2014 with the patient reporting ongoing pain. On 01/29/2014 she underwent orthopedic evaluation for complaints of neck pain, bilateral arm pain, burning, and shoulder pain. Following the examination 01/29/2014, she was diagnosed with multilevel cervical disc disease, bilateral shoulder strain, and bilateral arm radiculopathy, electrodiagnostic studies were recommended, and the patient was working regular duty. No

chiropractic clinical documentation was submitted for this review to provide evidence of efficacy with care rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, 1 TIME A WEEK FOR 12 WEEKS, FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, , 58-60

Decision rationale: MTUS (Medical Treatment Utilization Schedule) reports no recommendations for manual therapy or manipulation in the treatment of cervical spine complaints; therefore, ODG is the reference source. ODG Chiropractic Guidelines support a treatment trial of up to 6 visits over 2-3 weeks. Consideration for additional care beyond the 6 visit treatment trial, up to 18 visits over 6-8 weeks, avoid chronicity, is based upon evidence of objective functional improvement with care rendered during the 6 visit treatment trial. This patient had treated with chiropractic care on 12 sessions prior to the request for additional treatment at a frequency of 1 time per week for 12 weeks, without evidence of objective functional improvement, and there is no objective evidence of a flare-up or new condition; therefore, additional care at a frequency of 1 time per week for 12 weeks is not supported to be medically necessary. Additionally, the request for 12 sessions of chiropractic care over 12 weeks exceeds ODG Chiropractic Guidelines duration recommendations. The request for chiropractic treatment at a frequency of 1 time per week for 12 weeks for the cervical spine is not medically necessary.