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| Case Number: | CM14-0008082 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 10/25/1994 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 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 53-year-old male who has submitted a claim for chronic cervical strain with superimposed annular tear and multilevel degenerative changes, bilateral foraminal stenosis and central spinal stenosis C5-C6, chronic thoracic myofasciitis and cervicogenic headache associated with an industrial injury date of October 25, 1994. The medical records from 2013-2014 were reviewed. The patient has persistent neck pain and stiffness with associated headache. He complains of disturbed sleep, difficulty turning head, and interference with normal work tasks and activities of daily living. Physical examination of the showed cervical hypolordosis due to myospasm. There was painfully limited range of motion 50-60 percent. Muscle guarding on the cervical and upper thoracic paraspinals was noted. There was tenderness and joint dyskinesia on C4-C7 and T2-T6. Myofascial pain was noted at the trapezius, levator, and rhomboid muscles. MRI (magnetic resonance imaging) of the cervical spine, dated May 24, 2013, revealed multilevel degenerative changes most pronounced at C5-C6 where there is severe right and moderately severe left neural foraminal narrowing and mild-to-moderate spinal canal stenosis secondary to broad based disc bulge and bilateral uncovertebral hypertrophy and facet arthropathy. There is flattening of ventral cord but no signal abnormality. Additional degenerative changes were noted at C4-C5, and C6-C7 and an annular tear at C4-C5 as well. The treatment to date has included medications, physical therapy, home exercise program, activity modification, transcutaneous electrical nerve stimulation (TENS), acupuncture, and chiropractic therapy. A utilization review, dated January 3, 2014, denied the request for three chiropractic visits for the cervical spine as an outpatient and three chiropractic visits for the thoracic spine as an outpatient. The reasons for denial were not made available. An appeal letter was submitted on January 20, 2014 stating that the physician's most recent progress report indicate that the patient has a history of responding favorably to chiropractic treatment at the

time of symptom flare-up, resulting in objective functional improvement. The physician also claimed that there are scientific evidences to support chiropractic manipulation to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) chiropractic visits for the cervical spine as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The CA MTUS ACOEM Practice Guidelines states that using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, according to the MTUS Chronic Pain Medical Treatment Guidelines regarding chiropractic treatment, there should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits is supported. In this case, the patient previously had an unspecified number of chiropractic therapy sessions since 1996. Recent progress report, dated December 23, 2013, stated that similar episodes of neck pain in the past have responded favorably to brief sessions of chiropractic treatment. Although the primary physician mentioned in his appeal to the utilization review denial that benefits and functional improvement were obtained after chiropractic treatment, objective evidence such as decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use were not documented. Furthermore, it was not clear whether the previous chiropractic sessions exceeded the recommended total number of visits. Therefore, the request for three (3) chiropractic visits for the cervical spine as an outpatient is not medically necessary.

Three (3) chiropractic visits for the thoracic spine as an outpatient: 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.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation for the low back is recommended as an option. There should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits is supported. In this case, the patient previously had an unspecified number of chiropractic therapy sessions since 1996. Recent progress report, dated December 23, 2013, stated that similar episodes of neck pain in the past have responded favorably to brief sessions of chiropractic

treatment. However, there was no mention about the response of chiropractic treatment to the thoracic spine. Although the primary physician mentioned in his appeal to the utilization review denial that benefits and functional improvement were obtained after chiropractic treatment, objective evidence such as decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use were not documented. Furthermore, the number of previous chiropractic sessions is not known; hence, it is unknown whether the recommended 18 chiropractic visits have been exhausted. Therefore, the request for three (3) chiropractic visits for the thoracic spine as an outpatient is not medically necessary.