

Case Number:	CM14-0008650		
Date Assigned:	02/12/2014	Date of Injury:	05/21/2012
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 35-year-old female who sustained an injury to her neck and upper back on May 21, 2012 while performing her duties as a corrections officer. Current complaints as reported by the specialty consulting physician are stated as follows: "...complains of constant moderate stiffness and pain in her neck and both upper trapezius regions. Her neck symptoms." Patient has been treated with medications, acupuncture, physical therapy, home exercise program and chiropractic care. An X-ray study of the cervical spine has demonstrated a normal study with the exception of a straightened lordotic curve. An MRI study of the cervical spine has revealed "mild central stenosis at C3-4 with moderate right sided only foraminal stenosis, mild central stenosis without foraminal stenosis at C5-6 and moderate central stenosis without foraminal stenosis at C6-7." EMG (electromyogram) study of the upper extremities has resulted in a normal study. Diagnoses assigned by the PTP (primary treating physician) for the cervical spine are musculoligamentous injury cervical, rule out right upper extremity cervical radiculopathy/radiculitis, cervical sprain/strain. The PTP is requesting six additional sessions of chiropractic care to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT WITH EXERCISES, MODALITIES AND MANIPULATION; (6) VISITS (2X3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper
Back Chapter, Manipulation Section.

Decision rationale: This patient suffers from a chronic injury to her neck and upper back. The difficulty of interpreting the treating chiropractor's notes is high in this case with most notes being illegible. However, enough information can be read to see that objective functional improvement does not exist with the past care. The MTUS ODG Neck and Upper Back chapter recommends manipulation with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care." Objective functional improvement is not seen with the past chiropractic care, as indicated by MTUS Definitions. The request for chiropractic treatment with excercises, modalities and manipulation, twice weekly for three weeks, is not medically necessary or appropriate.