

Case Number:	CM14-0100608		
Date Assigned:	07/30/2014	Date of Injury:	07/04/2006
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Licensed in Chiropractics 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 reported to be a 44-year-old female with a reported date of injury of 7/4/2006. The patient is status post three lumbar surgeries with residual complaints in the neck, lower back and left knee. The most recent report from the requesting provider dated 7/15/14 reported the patient with residual lumbar pain 5-8/10, cervical pain radiation to the left middle finger and 75% relief in sacroiliac (SI) joint pain post injection. The requesting provider was requesting electromyography (EMG) for the left upper extremity, chiropractic care for 4 sessions and left medial and lateral collateral ligament injections. Chiropractic care was denied on 7/29/13 with support from cited ACOEM Guidelines for cervical and upper back complaints and CA MTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 2 sessions per week for 2 weeks for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability

Guidelines(ODG), Cervical Spine, Work Loss Data Institute, ODG® Treatment in Workers Compensation, 5th Edition, 2010. ODG Chiropractic Guidelines, Regional Neck Pain.

Decision rationale: The patient presented to the requesting provider on 7/15/14 with cervical pain radiating to the left upper extremity and lower back pain radiating to the lower extremities post-surgical intervention. Her lower back was reported mild, improvement in sacroiliac joint pain, midback pain, left knee symptoms and increasing left upper extremity pain and numbness; moderate to severe radiating pain to the left upper extremity. She has pain radiating along C-7 distribution. There is evidence of a C-5/6 central disc herniation per magnetic resonance imaging (MRI) dated 2/28/13. Examination findings did reveal cervical spasms with range of motion (ROM) decrease, positive cervical compression and positive Spurling left. Neurological findings were positive for C-7 dermatome. The documentation of chronic cervical spine radicular involvement in the left upper extremity was well documented prior to the 7/15/14 request for additional chiropractic care. It is unclear the number of prior chiropractic visits or when they were applied or if functional improvement was documented. The 7/15/14 presentation of neck pain with radicular involvement was supported by orthopedic and neurological evidence of neuropathy and supportive of limited access to manual therapy for relief of what appear to be a flare or exacerbation of cervical radiculopathy. The Official Disability Guidelines(ODG) for cervical nerve root compression with radiculopathy, state that patient selection is based on previous chiropractic success: Trial of 6 visits over 2-3 weeks; with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. Therefore, the request for chiropractic care 2 sessions per week for 2 weeks in treatment of the lumbar spine is medically necessary.