

Case Number:	CM14-0100848		
Date Assigned:	07/30/2014	Date of Injury:	07/27/2005
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
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 Chiropractic, 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 58-year-old female born on 02/01/1956. She has a reported date of injury on 07/27/2005, but no biomechanical history of an injury was provided for this review. Recent chiropractic clinical documentation reports the following: She was seen in chiropractic re-evaluation on 12/06/2013. The chiropractor reported she was seen by prescription of PTP for 6 visits. She reported 3-4/10 headaches, 3-4/10 neck pain, 2-3/10 right upper extremity pain, 6-8/10 middle back pain, 6-8/10 lower back pain, and 2/10 lower extremity/left and right leg (knee) pain. Findings on examination included decreased right L4-L5 sensory to pinwheel, upper and lower extremity DTRs +2, cervical range of motion: flexion 25/30, extension 25/30, bilateral rotation 50/60, and bilateral lateral flexion 30/40; dorsal lumbar range of motion: flexion 60/90, extension 10/30, right rotation 20/30, left rotation 25/30, right lateral bending 10/20 and bilateral lateral bending 20/20; leg raising and lowering tests positive bilaterally; Kemp's, Lasegue's and Braggard's positive on the right; and knee extension bilaterally 180 and flexion bilaterally 135. Diagnoses were noted as cervical sprain/strain, cervical myofasciitis, cervical segmental dysfunction, brachial neuritis or radiculitis, sciatica, lumbar intervertebral disc without myelopathy, lumbar myofasciitis, lumbar segmental dysfunction, lumbar spondylosis, left patella chondromalacia, and left knee/leg pain. In chiropractic re-evaluation on 01/17/2014, the chiropractor reported she was seen by prescription of PTP for 6 visits. She reported 3-6/10 headaches, 5/10 neck pain, 2-3/10 right upper extremity pain, 4-5/10 middle back pain, 6-8/10 lower back pain, and 2/10 lower extremity/left and right leg (knee) pain. On 04/07/2014, the patient was seen in chiropractic re-evaluation. The chiropractor reported she was seen by prescription of PTP for 6 visits. She reported 3-6/10 headaches, 5/10 neck pain, 2-3/10 right upper extremity pain, 4-5/10 middle back pain, 6/10 lower back pain, and 2/10 lower extremity/left and right leg (knee) pain. The patient underwent chiropractic re-evaluation on

05/05/2014. The chiropractor reported she was seen by prescription of PTP for 6 visits. Complaints were noted as 3-6/10 headaches, 5/10 back pain, 2-3/10 right upper extremity pain, 4-5/10 middle back pain, 4-5/10 lower back pain, and 2/10 lower extremity/left and right leg (the) pain. Findings on examination included decreased left L5 sensory to pinwheel, upper and lower extremity DTRs close to, cervical range of motion: flexion 25/30, extension 25/30, bilateral rotation 50/60, and bilateral lateral flexion 30/40; dorsal lumbar range of motion: flexion 70/90, extension 20/30, right rotation 25/30, left rotation 20/30, and bilateral lateral bending 15/20; leg raising and lowering tests positive bilaterally; Kemp's, Lasegue's and Braggard's positive on the left; and knee extension bilaterally 180 and flexion bilaterally 135. Diagnoses unchanged from 12/05/2013. The patient was authorized 24 chiropractic treatment sessions in 2013 and 12 sessions have been approved in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatment, Cervical, Lumbar, And Left Knee, Two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: Since California MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. The patient was authorized 24 chiropractic treatment sessions in 2013 and 12 sessions have been approved in 2014. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 6 additional chiropractic treatment visits for the cervical and lumbar spines and left knee exceeds MTUS and ODG recommendations and is not medically necessary.