

Case Number:	CM14-0106265		
Date Assigned:	07/30/2014	Date of Injury:	11/04/1996
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 Occupational 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:

There were 82 pages provided for review. The request for independent medical review was signed on July 4, 2014. The request was for chiropractic manipulation visits with ultrasound and/or deep soft tissue manipulation. There was a letter dated July 4, 2014 from the claimant. He feels that the California chronic pain guidelines are nonspecific to his case, and are erroneous because they do not address his specific injury. The claimant cited the future medical i.e. future medical should be provided. There is no indication for neck surgery. Most of the time the symptoms should be adequately controlled with over-the-counter analgesics and a simple self-directed home exercise program. When symptoms are exacerbated the claimant benefits significantly from chiropractic care. Therefore 18 visits of chiropractic therapy should continue to be provided. The only alternative would be a functional restoration program. Per the records provided, the patient was described as a 58-year-old female with the date of injury of November 4, 1996. As of April 18, the patient awoke with increased neck, upper back and left arm pain. The patient is experiencing neck, shoulder, midthoracic and subscapular pain. Cervical extension is 35 and there is 3+ myospasm of the left rhomboid and trapezius. Diagnoses are chronic neck pain and myofasciitis, left cervical radiculitis, some paresthesia and cervical degenerative joint disease. The patient works part-time 20 hours a week with increased neck and upper arm and left arm pain. The patient has left-hand paresthesia and midthoracic and subscapular pain. Another note mentions that on April 18 the patient awoke with increased neck, upper back and left arm pain. The previous reviewer noted that while chiropractic is an option for patients, regarding flare-ups, there is a need to reevaluate treatment success. If return to work has been achieved, guidelines recommend 1 to 2 visits every 4 to 6 months. The report from February 11, 2014 lists a similar subjective presentation and similar objective findings to those reported on April 18, 2014. Thus the current exacerbation has occurred approximately 2 months after the treatment in

February 2014. 32 chiropractic treatments have been approved since July 2012. A reduction in the dependency on continued medical treatment has not been obtained. It was felt that additional chiropractic was not supported at this time. Further ultrasound was not approved. Functional improvement means either clinically significant improvement and activities of daily living or reduction in work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 4 chiropractic manipulation visits with ultrasound and/or deep soft tissue manipulation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Chiropractic care: See Manipulation, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127. Decision based on Non-MTUS Citation (ODG) Neck section, under Ultrasound, Therapeutic.

Decision rationale: The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. Regarding Ultrasound, the ODG notes under the neck section: "Under study. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone." The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. With 18 automatic sessions per year, this key concept of MTUS ACOEM is not met. The request is not medically necessary.