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| Case Number: | CM14-0109833 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/02/2010 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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 injured worker is a 45 year old female who reported neck, bilateral hands, and wrist and ankle pain from injury sustained on 06/02/10. Mechanism of injury is unknown. MRI of the thoracic spine revealed right perineural cyst at level of T12-L1. X-rays of the thoracic spine were unremarkable. MRI of the right shoulder revealed mild rotator cuff tendinosis of supraspinatus and infraspinatus tendons; mild arthrosis of acromioclavicular joint with hypertrophy; mild posterolateral subcortical cystic changes. MRI of the left knee revealed prior partial meniscectomy; mild patella femoral chondromalacia; mild chondral loss in the lateral compartment with mild chondral thinning and fraying. MRI of the right knee revealed trabecular stress fracture and prior meniscal surgery. MRI of the cervical spine revealed 2mm disc bulge at C5-6 and mild loss of cervical lordotic curvature. Patient is diagnosed with facet syndrome, thoracic sprain/strain, rib subluxation, chronic neck and upper back pain and myofascial pain. Patient has been treated with medication, therapy and chiropractic. Per medical notes dated 01/23/14, patient reports that physical therapy has not been helpful. She complains of persistent neck pain, she is now experiencing recurrent left neck pain along her right sided pain. Her upper back feels "stiff" and pain is rated at 5-9/10. Examination revealed tenderness to palpation worse on the left than the right of the paracervical muscles and upper trapezius tenderness bilaterally. Per chiropractic progress notes dated 03/04/14, patient reported sleeping is a little better, still gets stiff. Bike riding is improving with less intensity of pain, can go a little longer on a ride after the initial trial of 6 chiropractic treatments; additional 6 chiropractic treatments were authorized. Per utilization review, medical notes dated 05/21/14 state that the "patient reports steady improvement with back pain but experiences an exacerbation when she fell; treatment plan presented of 6 additional chiropractic sessions to further progress". Per medical notes dated 07/24/14, patient states that she fell on 06/20/13 which flared her neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy including spinal manipulation, myofascial and point therapy continued for six sessions Quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 -174,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment: Manual therapy & manipulation; recommended for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation> Page(s): < 58-59>.

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Patient has had 12 chiropractic treatments per medical notes. Per chiropractic progress notes dated 03/04/14, patient reported sleeping is a little better, still gets stiff. Bike riding is improving with less intensity of pain, can go a little longer on a ride after the initial trial of 6 chiropractic treatments; additional 6 chiropractic treatments were authorized. Per utilization review, medical notes dated 05/21/14 state that the "patient reports steady improvement with back pain but experiences an exacerbation when she fell; treatment plan presented of 6 additional chiropractic sessions to further progress". There is no assessment in the provided medical records of functional efficacy with second round of chiropractic treatment. Furthermore per guidelines, "Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 6 Chiropractic visits are not medically necessary.