

Case Number:	CM14-0012067		
Date Assigned:	02/21/2014	Date of Injury:	06/27/2013
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 Board Certified in Chiropractic and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 06/27/2013 due to a motor vehicle accident. The MRI dated 01/25/2014 revealed multilevel degenerative changes resulting in mild central spinal stenosis and moderate right C5-6 neuroforaminal narrowing and a mild left C5-6 and bilateral C6-7 foraminal narrowing. The clinical note dated 02/05/2014 noted the injured worker presented with residual mild to moderate pain in the neck and upper back. Upon exam of the cervical spine, there were demonstrated restricted movements of the neck and head area, greater to the left side with reports of frequent numbness and tingling leg sensation at the upper extremity, with increased cervical lordosis. There was plus one tenderness found at the occipital rim, left greater than right, plus one tenderness found along the cervical spine down to upper thoracic paravertebral and paraspinous musculature, plus one sporadic trigger point tenderness found along cervical spine musculature and trapezius muscles, and increased cervical spinal pain with crepitus found at the occipital (note in file states occiput) with C2 spinal levels. There was painful cervical spinal discomfort with Soto-Hall, cervical compression, shoulder shrug, Kemp's, and arms elevation above head levels. A sensory exam revealed hypersensitivity found along the occipital rim to C2, left greater than right, C4-T2 bilaterally with left side more tender with Hump, and occasional numbness and tingling sensation to both arms with frequent feelings of coldness and weakness at the wrists-hand area. The diagnoses were cervical sprain/strain, cervical brachial syndrome, and thoracic sprain/strain. Prior treatment included chiropractic and physical therapy treatments. The provider is recommending chiropractic physical therapy to the neck and thoracic spine 2 times per week for 4 weeks with chiropractic manipulations, myofascial release, therapeutic exercise, electrical stimulation, and traction. The rehabilitation goals are to increase range of motion, decrease pain, improve function with

activities of daily living (ADLs), and to be aware of neck, back, and extremity precautions. The Request for Authorization form was dated 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL CHIROPRACTIC PHYSICAL THERAPY TO THE NECK AND THORACIC SPINE TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS WITH CHIROPRACTIC MANIPULATIONS, MYOFASCIAL RELEASE, THERAPEUTIC EXERCISE, ELECTRICAL STIMULATION, AND TRACTION:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic physical therapy to the neck and thoracic spine 2 times per week for 4 weeks with chiropractic manipulations, myofascial release, therapeutic exercise, electrical stimulation, and traction is non-certified. The California MTUS Guidelines recommend the chiropractic care for chiropractic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine 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. The MTUS guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The documentation provided revealed that the injured worker was up to 90% improvement and has allowed him to return to perform his usual and customary work activities. The MTUS guidelines allow for up to 18 physical therapy visits; however, the documentation did not provide the amount of visits that were already completed. The documentation provided a lack of evidence that the injured worker would benefit from future chiropractic treatments. As such, the request is non-certified.