

Case Number:	CM14-0016289		
Date Assigned:	04/11/2014	Date of Injury:	01/19/2012
Decision Date:	11/19/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Emergency 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:

Patient with reported date of injury on 1/19/2012. Mechanism of injury is claimed to be due to cumulative trauma. Patient has a diagnosis of multilevel cervical discopathy, upper extremity radiculitis, lumbar spine discopathy, intermittent lower extremity radiculitis, post R deQuervain's release surgery and R carpal tunnel. Medical reports reviewed. There is one progress notes with no date of exam or date when signed by provider. This note was not reviewed since date and context is unknown. There are two recent progress notes/reports dated 8/26/14 and 9/25/14. Since the original request was reviewed on 1/30/14 and 2/3/14, notes were reviewed only until 12/19/13 since new information does not retroactively change the information that can be used to assess criteria used for independent medical review as per MTUS guidelines. There are no more recent progress notes provided for review associated with the chiropractic request. The request for chiropractic service is dated 12/19/13 and is associated with progress noted dated the same. On that visit, patient complains of neck pain and upper back pain. Feels "fatigued". Patient claimed that chiropractic was "helpful" in the past. The request for chiropractic was requested by the patient. Objective exam revealed tender cervical spine with R side worst. Decreased range of motion. Decreased R C5-6 sensation. Note from chiropractor dated 9/10/13 notes patient was having temporary relief of moderate-severe symptoms with 2 months of treatment. MRI of cervical spine (3/2/12) revealed multilevel spondylo-lysthesia 1st degree affecting C3 until C7 at all levels. Underlying moderate to severe disc desiccation at associated disk space. C6-7 moderate-severe canal stenosis from posterior disk/osteophyte complex. EMG/NCV of bilateral upper extremities (4/25/12) revealed mild C7 radiculopathy on R side. Reportedly has completed at least 18 documented chiropractic sessions and was approved for up to 24 sessions. Independent Medical Review is for Chiropractic adjustments 2x6 for cervical and lumbar spine. Prior UR on

1/30/14 and 2/3/14 recommended non-certification/modification to 6sessions. The request is noted to be dated 12/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Adjustments 2 X 6 for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines Page(s): 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back.

Decision rationale: As per MTUS Chronic pain guidelines, manual manipulation may be considered for low back pain. This request is for chiropractic session of neck and back for a total of 12sessions. Patient has already completed over 18 and possibly up to 24sessions (documentation that 24sessions were already approved) of the neck with claimed short term improvement in pain. The request has failed to document objective functional improvement with chiropractic sessions despite multiple sessions. The request for neck chiropractic is not necessary and since the request for neck and lumbar was combined, the request for low back chiropractic is also not medically necessary.