

Case Number:	CM14-0122035		
Date Assigned:	08/06/2014	Date of Injury:	12/10/1987
Decision Date:	09/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/02/2014

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 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 59-year-old male, born on 05/14/1955, with a date of injury on 12/10/1987. No historical information relative to the injury on 12/10/1987 was provided for this review. The medical provider's PR-2 of 07/01/2014 reports the patient presented with back injury - upper - per patient 5/10 pain scale - currently on medication, and neck injury - per patient 5/10 pain scale - currently on medication. The record indicates that the patient stated adjustments every two weeks allow him to perform his daily living activities, and without adjustments he experienced increased pain and spasm and loss of neck mobility. By examination cervical range of motion was reported normal, the neck was supple, (under musculoskeletal examination was noted decreased range of motion of cervical spine with tenderness, pain and spasm), and reflexes and gait were normal. Diagnoses are noted as cervical radiculopathy, cervical disc herniation, stenosis of cervical spine, cervical myofascial pain syndrome, cervicgia, thoracic myofascial pain syndrome, cervical spondylosis, and lumbar radiculopathy. The patient was to remain off work until 06/28/2015. The medical provider recommended chiropractic care to the cervical spine at a frequency of 2 times per month for 1 year (24 total treatments). No chiropractic documentation was provided for this review, but the submitted information indicates the patient treated with chiropractic care on 41 occasions between 2012 and 2014. There is a current request for 24 additional chiropractic visits to the cervical spine at a frequency of 2 times per month for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic visits 2 times per month for 1 year for the Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The request for 24 additional chiropractic visits for the cervical spine at a frequency of 2 times per month for 1 year is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the cervical spine. 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 has a date of injury on 12/10/1987. He has treated with an unreported number of chiropractic visits, but information provided for this review indicates the patient treated with chiropractic care on 41 occasions between 2012 and 2014. The patient was approved for 12 chiropractic treatment sessions for 01/01/2014 through 07/01/2014. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 24 additional sessions of chiropractic care exceeds ODG recommendations and is not supported to be medically necessary.