

Case Number:	CM14-0020676		
Date Assigned:	04/30/2014	Date of Injury:	05/05/2011
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 42 year old with a date of injury of 05/05/11. A progress report associated with the request for services, dated 01/22/14, identified subjective complaints of neck pain radiating into the right shoulder with numbness into the hand. Objective findings included paracervical tenderness. There was decreased sensation in the 1st-3rd fingers of the right hand. Electromyogram (EMG) revealed bilateral carpal tunnel syndrome. Diagnoses consisted of the EMG and MRI reports. Treatment has included facet joint injections and ablation, oral and topical therapy. The claimant received six sessions of chiropractic therapy and is now requesting additional sessions per a 01/20/14 progress note. It states that she gained an increase in range-of-motion and reduced radicular symptoms. A Utilization Review determination was rendered on 02/11/14 recommending non-certification of "chiropractic manipulation/massage therapy x6".

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION/MASSAGE THERAPY X6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. They do not address chiropractic therapy of the neck specifically. The Official Disability Guidelines (ODG) notes that manipulation is recommended as an option for the neck. For regional neck pain, 9 visits over 8 weeks are recommended. For cervical strain, a trial of 6-10 visits over 2-4 weeks depending on the severity. For cervical radiculopathy, they recommend a trial of 6 visits over 2-3 weeks. With evidence of functional improvement, a total of 18 visits over 6-8 weeks with fading of therapy. In this case, the medical records provided for review indicates that the patient had functional improvement with the first six sessions (though specific measurements would have been preferred). An additional six sessions would be within the global recommendation of 18 visits with evidence of functional improvement. Therefore, the request is medically necessary and appropriate.