

Case Number:	CM14-0021811		
Date Assigned:	05/14/2014	Date of Injury:	01/20/1999
Decision Date:	07/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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 Acupuncture Medicine 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 49-year-old female who reported an injury on 01/20/1999 due to an unknown mechanism. The injured worker had complaints of left-sided neck pain and low back pain, which radiated to bilateral upper extremities and lower extremities. The injured worker had a physical examination dated 06/06/2014 where she reported pain values 6/10 to 7/10 with medications and 8/10 to 9/10 without medications. The injured worker had cervical epidural steroid injections on 04/15/2014 with 75% pain relief up until her current visit. Examination of the cervical spine revealed moderate tightness to palpation and tenderness diffusely over the bilateral trapezii and interscapular area. Also noted was moderate to severe tenderness over left interscalene and left levator scapula. Range of motion on all planes was 75% restricted of the cervical spine. The lumbar spine revealed diffuse tenderness to palpation with moderate pain across the lumbosacral area extending to bilateral S1 joints. Forward lumbar flexion restricted 50%, lumbar extension restricted 75%, lumbar side-to-side flexion 50% decreased. Positive straight leg raise bilaterally. Mild diffuse hypoesthesia and dysesthesia is noted in bilateral hands on dorsal surface. Hypoesthesia was noted in the left posterior leg and calf to left heel. Motor strength was 5/5 in all major muscle groups. Diagnostic studies were not submitted for review. Medications being taken for pain were Dilaudid 2 mg 1 tablet twice a day, Percocet 5/325 mg 3 times a day, Zofran 4 mg as needed for nausea, Zomig 1 to 2 sprays once a day as needed, Soma as needed, valium 5 mg once a day as needed for muscle spasm, Climara patch. Diagnoses for the injured worker was cervical degenerative disc disease, cervical facet osteoarthritis, lumbar degenerative disc disease, coccygodynia, lumbar arthropathy, lumbar radiculopathy, cervicalgia, migraines, degenerative joint disease bilateral knees. Treatment plan for the injured worker was ice, heat, rest, exercising and stretching as tolerated. Medications

prescribed to be taken on a regular basis, also chiropractic sessions. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL CHIROPRACTIC SESSIONS FOR THE CERVICAL SPINE:

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): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. After initial chiropractic sessions had been completed with measurable gains and functional improvement, it is recommended that the injured worker can have 1 to 2 visits every 4 to 6 months of additional sessions. The document submitted for review does not have reports from previous chiropractic sessions. The reports should reflect positive symptomatic or objective measurable gains in the functional improvement of the injured worker. Reports from previous manual therapy were not submitted. Improvement in function, decreased pain, and improvement quality of life need to be documented within the reports submitted. Therefore, the request for 6 additional chiropractic sessions for the cervical spine is not medically necessary.