

Case Number:	CM14-0032149		
Date Assigned:	06/20/2014	Date of Injury:	05/18/2007
Decision Date:	07/23/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 52 year old male who was injured on 05/18/2007. The mechanism of injury is unknown. Prior treatment history has included cervical transforaminal epidural steroid injection two levels on 12/26/2013. The patient received an unknown total of sessions of chiropractic therapy. Diagnostic studies reviewed include MRI of cervical spine dated 10/16/2013 revealed 1) C2-3 disc is desiccated and demonstrates a 2.4 mm posterior annular bulge with severe left foraminal narrowing secondary to a 4.2 mm disc osteophyte complex. 2) C5-C6 disc is narrowed and desiccated and demonstrates a 3.3 mm diffuse posterior annular bulge with tear. Severe left foraminal narrowing with mild to moderate right foraminal narrowing. There is left facet arthropathy 3) At C6-C7, disc is narrowed and desiccated and demonstrates a 4.4 mm left paracentral protrusion with annular tear that compresses the left ventral cervical cord. Comprehensive medical report dated 03/11/2014 states the patient had bilateral neck pain, left worse than right, radiating to the left shoulder, left arm, left forearm, and left hand with numbness and parenthesis. On exam, there is tenderness upon palpation of the cervical paraspinal muscles. Cervical extension was worse than cervical flexion. Spurling's maneuver was negative on the right and positive on the right muscle strength is 5/5 in all limbs, except the left deltoid strength was 4+. He has decreased sensation in the left arm at C6 and C7 dermatome. Impressions are cervical disc disease. The recommendation is a short course of chiropractic therapy directed to the cervical spine twice a week for a total of 8 treatments. Prior utilization review dated 02/20/2014 states the request for additional chiropractic treatment for the cervical spine (2x4) is not authorized as the patient has received chiropractic treatment in the past but there was no documented improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment for the cervical spine (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: This request is for additional chiropractic care to the cervical spine 2 times a week for 4 weeks. He has a long history of treatment both medical and chiropractic. The MTUS Chronic Pain Guidelines would recommend the following: "Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." The ACOEM Guidelines state "There is insufficient evidence to support manipulation of patients with cervical radiculopathy." It appears that the patient has had more than the maximum visits. The request is not medically necessary and appropriate.