

Case Number:	CM14-0037299		
Date Assigned:	06/25/2014	Date of Injury:	07/10/2013
Decision Date:	08/20/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 licensed in Chiropractic and is licensed to practice in New York. 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 applicant was a 63-year-old male who sustained an industrial injury that occurred on July 10, 2013 while he was employed as a resident mechanic. While attending a computer class, he started typing, his left hand went numb, and he experienced a tightening sensation. He went to the [REDACTED] and a heart attack was ruled out. The previous day, he had been moving refrigerators, stoves, and microwaves up and down three flights of stairs with the help of another person. He had experienced pain along with his usual fatigue at the end of the day and lower back soreness from performing heavy lifting, carrying and moving of appliances and furniture. Thus far the applicant has completed four sessions of chiropractic care from 12/10/14-1/2/14 and 19 sessions of physical therapy to the left upper extremity. Electrodiagnostic testing (EMG/NCV) dated 8/30/13 revealed a normal examination. Acupuncture treatment was received. His medications include Diclofenac, Omeprazole and Cyclobenzaprine. X-ray of the cervical spine dated 9/30/13 demonstrated moderate to severe spondylosis at C5/6; x-rays of the lumbar spine dated 9/30/13 demonstrated fusion from L4-S1 with pedicle bars and screws with a cross bar. MRI report of the cervical spine dated 10/3/13 demonstrated a 3mm left foraminal disc osteophyte complex at C6/7, resulting in abutment of exiting left cervical nerve root; at C3/4, C4/5 and C6/7, the MRI revealed a 2mm midline disc protrusion resulting in a mild degree of central canal narrowing, reversal of cervical lordosis and minimal remote anterior wedging of C5 and C6 vertebrae. The records indicate that, while the injured worker was going through therapy, he began to realize that he also had pain in his neck and lower back which was attributed to the customary and usual duties of his job. He is working modified duty. In the year 2000, the applicant sustained an injury to his lower back after lifting a toilet in the course of his work. In 2001, he sustained a work-related injury while coming down a ladder; he twisted his back and injured his lower back. In chiropractic SOAP notes dated 12/17/13, it was noted that

numbness and tingling had stopped after the prior visit for a couple of days. According to chiropractic SOAP notes of 12/10/13 - 1/4/14, the applicant presented with neck pain and stiffness with numbness and tingling of the left shoulder and left upper extremity. Findings included joint fixation at C5, C1 trigger points at the bilateral trapezius muscles and suboccipital muscles. Treatment consists of chiropractic manipulation and therapeutic exercises to the cervical spine. There were no complaints with regards to the lumbar spine, nor was there any treatment rendered to the lumbar spine. There was no indication as to the continued response to treatment. In a medical evaluation dated 1/8/14, it was indicated that the applicant's pain and discomfort of the neck, lower back, and left shoulder were manageable with the use of pain medications. He was undergoing acupuncture treatment for neck pain and stiffness. Examination revealed tenderness over the suboccipital region, sternocleidomastoid muscles, scalenes, and trapezius muscles. Compression and Distraction testing was positive. Lumbar spine examination revealed tenderness over the bilateral paravertebral musculature, the quadratus lumborum, the psoas, and the gluteus muscles. Straight Leg Raise and Kemp's tests were positive, and range of motion was limited in all planes. Aquatic therapy was requested for lower back pain, and acupuncture was continued for the cervical spine. A chiropractic progress note dated 1/10/14 described active cervical ranges of motion as being decreased, prognosis toward work-related goals as being fair, and remaining deficits of aches, soreness and stiffness. In a PR-2 report dated 2/12/14, there was request for chiropractic treatment for the cervical and lumbar spine to decrease pain and stiffness, increase ADL (activities of daily living) and strength and range of motion, and to decrease soreness. In a utilization review (UR) dated 3/12/14, the reviewer determined the requested 8 chiropractic visits to the lower back and neck were not medically necessary and therefore non-certified. The primary diagnosis was given as cervicalgia, and the treating diagnosis was given as neck sprain and strain. Four sessions of chiropractic treatment were provided, with limited documentation to support specific and sustained functional benefit from the treatment performed. The reviewer indicated that, with limited evidence of clinical gains from prior care, the medical necessity for the request was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care X 8 visits for the neck and low back: 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 & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 19th annual edition, Neck and Upper Back-Manipulation Procedure Summary.

Decision rationale: The requested 8 additional chiropractic visits to the neck and lower back are not medically necessary in this particular case, based upon the medical records reviewed. Continued treatment is not recommended under the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines indicate an initial trial of six visits over two weeks; with evidence of

objective functional improvement, the recommendation is for a total of up to 18 visits over 6-8 weeks. The applicant has completed four sessions from 12/10/14 through 1/2/14 without any clinical evidence of objective, continued, functional improvement. As previously indicated upon review of the treatment notes, treatment was documented as being rendered to the cervical spinal region only. The Chronic Pain Medical Treatment Guidelines do not address manual manipulation of the cervical spine. As per the ODG-TWC guidelines, for a cervical strain, a trial of 6 visits over 2-3 weeks is recommended with documented functional improvement. Four sessions of chiropractic treatment were received with limited documentation to support specific and sustained functional benefit from the treatment performed. Therefore, the requested additional 8 chiropractic visits are not medically necessary.