



Case Number:	CM14-0044255		
Date Assigned:	07/02/2014	Date of Injury:	09/30/2011
Decision Date:	08/21/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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:

Upon review of the medical records provided the applicant was a 31 year old male who sustained an industrial injury on September 30, 2011 while employed by the [REDACTED]. A box fell on the top of his head and neck while working. Thus far, treatment has consisted of 12 chiropractic treatment sessions, narcotic medication for pain control including Norco up to 6 tablets daily and Fioricet for headaches. In review of chiropractic treatment notes dated 11/7/13-12/3/13 the applicant presented with continued complaints of moderate neck pain, no change of the condition, continued tightness of the cervical muscles and trapezius muscles and tenderness of cervical vertebrae. Reflexes were normal, there were sensory deficits, Spurlings was negative. Chiropractic adjustments were rendered. On 12/3/13 the chiropractor requested additional treatment as well as physical therapy and indicated the applicant improved from the 6 initial treatments. Please note, upon review of a medical report dated 1/13/14 chiropractic treatment was indicated as being authorized on 12/4/13 and initiated on 1/13/14. He has been on these medications for a year. He was returned to work with restrictions, but the employer was unable to accommodate his restrictions and has not been back to work for a year. The applicant presented with subjective complaints of neck pain radiating to the left trapezius associated with headaches, which is worse with sitting walking and standing, he has nausea with his head in extension. He also has occasional radiating left arm pain and numbness. Examination revealed no acute distress, cervical ranges of motion is moderately decreased with pain at limits of his range, tenderness to palpation over the left trapezius and motor and sensory function was intact. He was diagnosed with cervical strain, cervical spondylosis with kyphosis C4/5, C5/6 and C6/7 with mild central stenosis C5/6 and mild bilateral foraminal stenosis C5/6 and C6/7, cervicogenic headaches. In review of medical report dated 2/10/14 the applicant presented with continued subjective complaints of severe neck pain which radiates to his left trapezius and arm associated

with headaches. Pain is worse with sitting walking and standing. He experiences nausea with his head in extension or when he watches TV or plays video games. Cervical spine examination and diagnosis was unchanged since the 1/13/14 evaluation. On this evaluation 6 additional chiropractic sessions were requested as well as a request for the applicant to be transferred to pain management. In review of PR-2 examination report dated 3/10/14, the applicant is still taking Norco and Fioricet daily. He complained of excruciating neck pain that radiated down both arms due to he slept wrong a few weeks prior. There was dense numbness in his left arm which has not resolved and daily headaches and weakness in his hands. Examination revealed moderately decreased cervical range of motion, tenderness over the left trapezius, motor function was intact and there was decreased light touch sensation of the left biceps, dorsal forearm and hand. Diagnosis was unchanged from 1/31/14 and 2/10/14. Epidural spinal injections were requested as well as transfer of care to pain management. In a utilization review report dated 3/27/14 the reviewer determined chiropractic manipulation to 1-2 regions was not medically necessary. 6 additional chiropractic therapy sessions to the cervical spine was non-certified. The reviewer indicated that the mechanism of injury was not provided. The applicant was diagnosed with cervical strain, cervical spondylosis and cervicogenic headaches. The reviewer indicated that 12 prior sessions of chiropractic treatment was authorized in December of 2013. Each successive note from 1/13/14-3/12/14 did not have any details of the applicant's functional capabilities or functional recovery in utilizing chiropractic. There was no documentation of any specific functional improvement with the initial chiropractic treatment therefore the request for additional chiropractic visits is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 chiropractic therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 19 annual edition, Neck and Upper Back-Manipulation Section.

Decision rationale: The requested additional 6 sessions of chiropractic manipulation 1-2 to the cervical spine is not medically necessary. Chiropractic treatment has been utilized to their maximum for the expected results and to continue their implementation is not sanctioned under the ODG Chiropractic Guidelines Neck and Upper Back-Manipulation Section for cervical sprain/strain recommends trial of 6 visits over 2-3 weeks with evidence of objective functional improvement. The medical records reviewed do not show any subjective or objective functional improvement, decrease in pain or positive response to the chiropractic treatment. Therefore, additional 6 chiropractic therapy sessions for the cervical spine are not medically necessary and appropriate.