

Case Number:	CM14-0045570		
Date Assigned:	06/27/2014	Date of Injury:	08/15/2013
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 47 year old male who was injured on 08/15/2013. The mechanism of injury is unknown. The patient underwent an epidural steroid injection on 02/18/2014. Prior treatment history has included Cyclobenzaprine and Norco. Diagnostic studies reviewed include MRI of the cervical spine dated 09/05/2013 revealed diffuse cervical arthropathy and C6-7 neural foraminal stenosis; moderate diffuse disc degeneration; and mild central canal narrowing between C4 and C7, greatest at C6-7. Occupational report dated 02/26/2014 states the patient reported increased range of motion and decreased pain. On exam, cervical range of motion is limited by 50% in all directions due to pain. There is tenderness to palpation over the paraspinal and trapezius muscles. Motor examination reveals normal findings. Sensory examination reveals no deficits. The assessment is persistent left-sided axial neck pain, left cervical facet syndrome, persistent cervical strain, and cervical spondylosis without myelopathy. The recommendation is six additional sessions of chiropractic care twice a week for 3 weeks. He was instructed to continue with home exercises. Prior utilization review dated 03/10/2013 states the request for additional Chiropractic treatments QTY:6.00 is not certified as guidelines recommend continued therapy with documented evidence of functional benefit. There is no documentation of functional improvement from previous chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additonal Chiropractic treatments QTY:6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 58-60 Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck section/Manipulation.

Decision rationale: The CA MTUS guidelines state, Chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. Elective/maintenance care- Not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There was no documentation found within the records of measurable functional improvement in the patient's cervical condition resulting from previous Chiropractic treatment. There is also no specified goal outlining anticipated gains in the patient's functional capacity anticipated with further treatment. The request for 6 additional Chiropractic treatments to the cervical spine does not meet the above outlined CA MTUS guidelines and is therefore not medically necessary.