

Case Number:	CM14-0048350		
Date Assigned:	07/02/2014	Date of Injury:	08/20/1999
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/16/2014

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 53-year-old female who was involve in an industrial injury that occurred on August 20, 1999. There was no indication how the injury occurred. Thus far, treatment has consisted of physical therapy, acupuncture treatment, physical therapy treatment, which was helpful as well as a surgical history consisting of a cervical laminectomy in 2009. Upon review of PR2 form dated 3/10/14, the physician indicated the applicant has continued subjective complaints of pain, stiffness and discomfort. Findings revealed a positive Spurling's, pain with decreased range of motion, trapezius and rhomboid spasm. She was diagnosed with cervical herniated nucleus pulposus. The applicant was not working. Upon review of physical therapy, progress note dated 1/13/14 the applicant has had prior physical therapy, chiropractic and acupuncture treatment for cervical pain, which has been beneficial. After a 4-5 year gap, treatment was approved for physical therapy. She was not working due to cervical pain. Upon review of a utilization review dated 3/19/14, the reviewer determined chiropractic services 2x per week for 6 weeks with modalities and exercises to the cervical spine was not medically necessary and non-certified and did not meet the evidence based guidelines for the requested service. The reviewer based the decision on the California MTUS, 2009 Chronic Pain Guidelines Manual Therapy and Manipulation Chapter and the ODG Chiropractic Treatment Index, 11th edition, 2013, Neck and Upper Back Chapter. The reviewer indicated the mechanism of injury was not provided in the records, current medications prescribed were not provided in the records, as well as the specific number of prior chiropractic sessions were not indicated. The records do indicate the applicant had 8 previously physical therapy sessions with a positive response to treatment with improvement. Since the applicant stopped physical therapy, her pain has increased. The medical documentation did not documentation any prior demonstrated efficacy with chiropractic treatments to support the

recommendation for additional treatment. The numbers of requested sessions with manual therapy exceed the recommendation for additional treatment. There was no submitted chiropractic treatment notes detailing evidence of objective functional improvement following manipulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services 2x wk x 6wks Cervical Spine, with Modalities and Exercises: Upheld

Claims Administrator 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), Neck and Upper Back Chapter.

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

Decision rationale: The records indicate the applicant did sustain an injury in 1999, despite the fact there was no indication of any specific mechanism of injury. The records indicate complaints to the cervical spinal region. She underwent a laminectomy to the cervical spine in 2009. The most recent treatment received was physical therapy treatment after a 4-5 year gap without receiving any treatment. Records do indicate that prior chiropractic, physical therapy and acupuncture treatment was received. There was no indication of when the prior chiropractic treatment was received and the exact documented objective functional response to treatment. The medical records lack supported progress notes and documentation to support the need for continued chiropractic treatment with modalities and exercises. Upon review of most recent medical note, the PR2 form dated 3/10/14, the physician indicated the applicant has continued subjective complaints of pain, stiffness and discomfort. Findings revealed a positive Spurling's, pain with decreased range of motion, trapezius and rhomboid spasm. She was diagnosed with cervical herniated nucleus pulposus. The applicant was not working. Upon review of history and examination the MTUS Chronic Pain Guidelines Manipulation and Manual Therapy Chapter, do not address the cervical spine. Although, the ODG guidelines cervical spine, cervical spine manipulation post laminectomy syndrome indicate 14-16 visits over 12 weeks, there was no indication when the prior chiropractic treatment was received, the specific functional outcome of the prior treatment and the number visits previously rendered. The applicant is not working. The additional requested chiropractic services 2x per week for 6 weeks (12 visits) is not medically necessary based upon not enough documentation provided to support continued medical necessity. Therefore, the request is not medically necessary.