

Case Number:	CM14-0058840		
Date Assigned:	07/09/2014	Date of Injury:	03/06/2002
Decision Date:	10/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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 injured worker is a 56-year-old female with the reported date of injury on 03/06/2002. No history of injury was provided for this review. The chiropractic chart note of 10/31/2013 reports the patient experienced a flare washing her cupboards. She rated cervical spine pain 4-> 7/10 and headache 7/10. Neck Disability/Function Index was 56%. By examination cervical flexion was 38/50, extension 10/16, left rotation 20/80 and right rotation 30/80 with pain in all planes, right C6 sensation was decreased to light touch and pinprick, right C6 reflex was 1+, bilateral motor 5/5, neutral vertex compression positive, and subluxation at right occiput. Diagnoses were noted as V45.89 (other postsurgical status-presents of neuro-pacemaker or other electronic device) and 729.2 (cervical/lumbar neuralgia, neuritis, and radiculitis). A treatment plan of myofascial release and manipulation at a frequency of 1 time per week for 4 weeks was requested. She presented on 12/12/2013 reporting a flare bringing in fire wood for wood stove. The patient reported cervical pain ranging 3-> 8/10 and headache rated 6/10. Objectives were essentially unchanged from findings reported on 10/31/2013. Diagnoses were noted as V 45.89 (other postsurgical status-presents of neuro-pacemaker or other electronic device) and 729.2 (cervical/lumbar neuralgia, neuritis, and radiculitis). A treatment plan of myofascial release and manipulation at a frequency of 1 time per week for 4 weeks was requested. On 01/30/2014, the patient returned for chiropractic care reporting a flare from cleaning house. She reported cervical pain 2-> 6/10 and headache reported 6/10. Objectives were not significantly different from findings reported on 10/31/2013 and 12/12/2013. Diagnoses and treatment plan remained unchanged from 12/12/2013. She returned for chiropractic care on 03/13/2014 and reported a flare from working in the garden. Cervical pain was rated 4-> 7/10, headache was rated 6/10, and right shoulder pain rated 6/10. Objectives were not significantly different from findings reported on 10/31/2013, 12/12/2013 and 01/30/2014. The chiropractor requested treatment to consist of

manipulation and massage at a frequency 1 time per week for 4 weeks. On 03/26/2014, the chiropractor reported subjectives and objectives unchanged from those reported on 03/13/2014 and again requested treatment to consist of manipulation as massage at a frequency 1 time per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, manipulation 1 x 4 to the cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines

Decision rationale: The request for additional sessions of chiropractic care for the cervical spine at a frequency of 1 time per week for 4 weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG and ACOEM will be referenced regarding the request for chiropractic treatments to the cervical spine. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has treated with chiropractic care on numerous occasions. On 10/25/2012, she reported an exacerbation and treated with 6 chiropractic sessions. On 12/12/12, she was reevaluated and 6 additional chiropractic treatments were authorized. On 04/26/2013 she reported increased pain and 4 treatments were authorized. Most recently the patient had been approved 4 chiropractic visits from 10/31/2013 through 12/20/2013, 4 chiropractic visits 12/13/2013 through 02/28/2014, and 4 chiropractic visits 02/04/2014 through 03/04/2014. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 4 additional sessions of chiropractic care exceeds ODG recommendations and is not supported to be medically necessary. ACOEM reports physical manipulation is optional for neck pain early in care only. She has a reported date of injury on 03/06/2002, and care now 12+ years after date of injury is not considered early in care; therefore, ACOEM does not support medical necessity for the requested chiropractic services.

Massage therapy 1 x 4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The request for massage therapy to the right shoulder at a frequency of 1 time per week for 4 weeks is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) reports massage therapy is recommended as an option when used as an adjunct to other recommended treatment (e.g. exercise) and treatment should be limited to 4-6 visits in most cases. This patient has treated with chiropractic manipulation and myofascial release (considered a type of massage) on many visits without record of response to care. There is no evidence that the requested massage therapy was to be utilized as an adjunct to other recommended treatment (e.g. exercise); therefore, MTUS does not support the request for 4 sessions of massage therapy.