

Case Number:	CM14-0060393		
Date Assigned:	07/09/2014	Date of Injury:	01/21/2011
Decision Date:	08/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 a licensed Chiropractor 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 claimant is a 62 year old male who was involved in a work related injury that occurred on January 21, 2011 while employed by the [REDACTED]. He was employed as a fire firefighter. He retired on January 22, 2011 as a Fire Captain. He had sustained multiple injuries to both knees, left elbow, cervical and lumbar spine while working for the [REDACTED] [REDACTED] between 1981 until retirement of January 22, 2011. MRI of the cervical spine dated 12/14/11 revealed there was some borderline congenital narrowing of central canal, disc bulges at various levels resulting in mild central canal stenosis at C4/5, C5/6 and C6/7 with description of foraminal narrowing at those same levels. Upon review of physical medicine and rehabilitation report dated 8/20/13 there were subjective complaints of neck pain and stiffness and decreased range of motion as well as problems with his shoulders. A request was submitted for six chiropractic treatment visits for flaring neck pain. The applicant has been evaluated on 2/27/14 by an orthopedic surgeon and was given a diagnosis of left shoulder impingement, AC arthrosis, long standing bilateral industrial injuries to the shoulder. He was treated with a cortisone injection. According to a PM&R progress report dated 2/12/14, the physician documents the applicant struggles with chronic musculoskeletal pain. He complained of bilateral shoulder pain and has been evaluated with regards to his knees by an orthopedist. Upon review of PR-2 form dated 3/4/14 the applicant was given a diagnosis of: cervical/lumbar disc disease, bilateral shoulder arthropathy/impingement, and bilateral foot pain/arthropathy and ankle arthropathy, cardiac, lung disease, gastro intestinal, skin cancer, gallbladder carcinoma in 2013 and chemotherapy treatment as well as pancreatic cancer-non industrial. The applicant in 2013 was on temporary disability due to gallbladder carcinoma. In a utilization review report dated 3/12/14 and 4/23/14 the reviewer determined the proposed six chiropractic treatment visits did not meet the medical necessity as per California MTUS Chronic Pain Medical Guidelines and

ODG-TWC Neck & Upper Back Procedure Summary Guidelines. There was limited documentation of the history of treatments rendered with responses to such before considering the proposed chiropractic treatment and the necessity for chiropractic treatment for the flaring neck pain was not established. The reviewer indicated there was no mention of specific incident of aggravation resulting in an acute flare up of neck pain with associated clinical deficits and significant decline in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for flaring neck pain and stiffness quantity: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck&; Upper Back Procedure Summary last updated 04/14/2014 ODG Chiropractic Guideline.

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 MTUS Chronic Pain Medical Treatment Guidelines identify that manual therapy and manipulation would be recommended for chronic pain if caused by a musculoskeletal condition. The Official Disability Guidelines (ODG) Chiropractic Guidelines- Neck and Upper Back (Acute & Chronic) Procedure Summary for regional neck pain recommends 9 visits over 8 weeks and for a cervical strain recommends a trial of six visits over 2-3 weeks with documented functional improvement. The medical records by the applicant's treating physicians indicate that he struggles with chronic musculoskeletal pain. The medical records indicated complaints of neck pain and stiffness, cervical spinal range of motion was 50% of the expected and at that time the provider recommended six chiropractic treatment visits for flaring of neck pain and stiffness. There were hyporeflexic upper extremities and no motor deficits. Upon review of PR-2 form dated 4/15/14 although, there was persistent neck pain and stiffness and there was a 30% cervical spine range of motion of the expected. The request for six chiropractic treatment visits is within the guidelines and the original utilization review decision is over-turned. The request for chiropractic treatment for flaring neck pain and stiffness quantity: 6 is medically necessary and appropriate.