

Case Number:	CM14-0062956		
Date Assigned:	07/11/2014	Date of Injury:	05/15/2010
Decision Date:	08/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 reiew of review of the medical records provided the applicant was a 57 year old female whom sustained an industrial injury that occurred on May 15, 2010. The applicant grabbed a basket of books on the counter with her left hand and some books fell out of the basket. After picking up the books, she noted pain in her left hand, with radiation all the way up her arm to her head. A few days later, she awakened to go to the bathroom and when turning on the sink faucet she felt complaints in the left arm. Thus far, treatment has consisted of 8 chiropractic treatments, orthopedic evaluations, Imitrex for headaches, pain management, physiotherapeutic measures and injections. X-rays of the cervical spine revealed some cervical disc disease with narrowing and osteophytes at C6-7 and to a lesser extent C5-6. The EMG/NCV of the upper extremities dated December 20, 2010 revealed a median nerve neuropathy at the bilateral wrist consistent with moderate right and mild left carpal tunnel syndrome. No evidence of bilateral ulnar neuropathy, normal EMG exam , no evidence of bilateral cervical radiculopathy. Upon review of orthopedic examination report dated 2/10/14, the applicant presented with complaints of cervical spine pain due to a flare-up. She also takes Imitrex for headaches. Cervical spinal examination revealed: A decreased range of motion of the cervical spine, tenderness to the trapezius muscles and paraspinal muscles, right greater than left. Spurlings orthopedic testing was positive on the right, decreased strength bilateral C4-5 at C5,6,7 and C8. There was normal sensation bilaterally, deep tendon reflexes were normal and graded +2/2. The applicant was diagnosed with a chronic severe migraine/cluster headaches, severe cervical degenerative disc disease, bilateral shoulder impingement, right shoulder partial tear, left lateral epicondylitis, moderate carpal tunnel syndrome. A short course of chiropractic treatment was requested to the cervical spine two times per week for four weeks due to the flare-up and increased pain and decreased motion. On 4/11/14 the applicant presented for a chiropractic examination with complaints of headaches,

neck and upper back pain. There was a description of burning and numb to the right upper extremity region as well. Neck pain was better with heat, hot showers and massage by hand and stretching. The examination showed increased amount of hypertonicity in the cervical paraspinal muscles bilaterally and mid thoracic muscles on the left. There was mild spasm and tenderness of the upper trapezius, rhomboids, and levator scapulae. Shoulder Depression, Cervical Compression and Cervical Distraction were all positive bilaterally. Soto Hall Test was positive. Cervical ranges of motion were mildly decreased and left rotation was normal. Upper extremity reflexes were normal bilaterally, there was normal sensation. Continuous improvement was indicated with chiropractic/physical therapy treatment. The neck pain was rated as a 4/10 (where 10 is the worst). The neck pain and upper back pain was estimated at 50% improvement and headaches at 70% improvement. Prior 8 sessions of chiropractic/physical therapy treatment was indicated as being beneficial. The claimant was in the chronic phase of the condition and has received 8 sessions of recent care. The applicant should be well versed in an updated home exercise program and the need for additional chiropractic manipulation therapy/physical therapy was not evident and non-certification is recommended. The MTUS Guidelines 5.5.2, Industrial Relations Title 8, Division 1. Department of Industrial Relations, Chapter 4.5 Division of Worker's Compensation and Subchapter 1. Administrative Director-Administrative Rules were referenced as medical evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Cervical Spine chiropractic manipulative therapy /physical therapy 2x4:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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 Section.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were cited as a reference of evidence and do identify that manual therapy and manipulation would be recommended for chronic pain if caused by a musculoskeletal condition. The MTUS Chronic Pain Medical Treatment Guidelines do not address manual manipulation of the cervical spine. The guidelines refer to the lower back. The ODG Chiropractic Guidelines-Neck and Upper Back (Acute and Chronic) Procedure Summary for a cervical strain/sprain recommends a trial of six visits over 2-3 weeks with documented functional improvement. A total of up to 18 visits over 6-8 weeks, avoid chronicity and gradually fade the patient into active self directed care. The applicant has had 8 authorized chiropractic visits with documented functional improvement. The request for chiropractic/physical therapy treatment two times per week for an additional four weeks is within the guideline recommendations is over-turned. There has been documented functional improvement. The continued chiropractic treatment would be medically necessary and appropriate.