

Case Number:	CM14-0067700		
Date Assigned:	07/11/2014	Date of Injury:	09/12/2012
Decision Date:	09/24/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 available medical records the applicant is currently a 62 year old female whom sustained an industrial injury on September 12, 2012. She works for [REDACTED] as a billing lead/data entry. Pain was sustained due to chronic progressive pain significantly worse in the right upper back, neck, bicep region and diffusely through forearm and hand. There was numbness/tingling diffusely in hand. The applicant was evaluated by a medical doctor on 9/13/2012 and she was diagnosed with sprain of thoracic region, strain of arm or forearm repetitive, strain of upper arm. Physical therapy was initiated. Upon review of a work status report dated 9/13/12 the applicant's work recommendations were to return to modified duty. MRI of cervical spine dated 5/10/13 revealed a left paracentral disk herniation at C5/6, broad based disk posterior herniation at C6/7. A trial of acupuncture treatment 2 times per week for 4 weeks was requested. Upon review of PM&R evaluation dated 1/20/14, there were subjective complaints of persistent pain in her right forearm, through the elbow to the proximal arm. There was some pain in the shoulders and minimal pain in her neck. She had pain in her bilateral hands. She is working full time. Upon review of chiropractic first report of occupational injury (undated), there were complaints to the bilateral shoulder arm and hand pain from repetitive stress. Cervical ranges of motion were indicated as being decreased in all planes of motion with pain. Cervical and shoulder orthopedic testing performed all increased levels of neck pain. A diagnosis was given as: multilevel cervical disc dessication and herniations, cervical radiculitis, bilateral epicondylitis, tenosynovitis of hand and wrist complicated by a severe scoliosis. A total of 6 chiropractic treatment was requested. Upon review of chiropractic PR-2 form the applicants neck pain was indicating as approaching baseline, marked improvement in both spine and arm complaints, arm pain, although improved is still bothersome. At this point the cervical ranges of motion were still indicated as being

decreased, Soto Hall and Shoulder Depression Testing did increase levels of neck and upper back pain, overhead reach pulls midline on the right. Upon review of a request for care report dated 4/9/14 a chiropractic request was made for one time weekly for four weeks for chiropractic treatment to the spine and upper extremity. In a utilization review report, dated 5/1/14 the reviewer determined chiropractic therapy 1 times per week for four weeks to the cervical spine and extremities was recommended as medically necessary. The applicant has completed 12 sessions of treatment since February. Pain levels have decreased from 7/10 to 4/10, cervical ranges of motion have improved, shoulder abduction and overhead reaching has improved. The applicant has been able to remain working. The reviewer indicated that based upon the objective improvement, additional chiropractic care is reasonable as the guidelines recommend up to 18 sessions. The request for four additional chiropractic treatments was warranted. Then there was a determination that based upon clinical information submitted and evidence based and peer - reviewed guidelines include the MTUS Chronic Pain manual therapy and manipulation guidelines the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy once a week for four weeks cervical spine and upper extremities:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Although, 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 MTUS Chronic Pain Medical Treatment Guidelines do not address manual manipulation of the cervical spine. The guidelines refer to the lower back. Although, the guidelines do comment on Forearm, wrist & hand which is part of the upper extremity, the MTUS guidelines do not recommended manipulation or manual therapy for these regions. The ODG Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary for a cervical strain/sprain recommends a trial of six visits over 2-3 weeks with documented functional improvement. And a total of up to 18 visits over 6-8 weeks, avoid chronicity. The applicant has had 12 prior chiropractic visits with documented clinical functional improvement as well as she is working. The request for treatment one time per week for four weeks for a total of (4 additional) chiropractic treatment to the cervical spine and upper extremities is within the guidelines and the original utilization review decision is over-turned. There has been documented functional improvement; the applicant is working as continued chiropractic treatment are medically necessary and appropriate.