

Case Number:	CM14-0069056		
Date Assigned:	07/14/2014	Date of Injury:	05/27/2004
Decision Date:	08/11/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 Care, 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 patient is a 44-year-old female with a reported date of injury of 05/27/2004, but no historical information relative to an injury was provided for this review. The patient underwent a cervical spine MRI on 05/09/2012 with findings of C6-C7 moderate disc degeneration with a 2-3 mm circumferential bulging and uncovertebral hypertrophy causing moderately severe bilateral foraminal stenosis; C5-C6 mild disc degeneration bulging; C3-C4 moderate left-sided uncovertebral hypertrophy and mild foraminal narrowing; loss of normal lumbar lordosis and slide lower cervical kyphosis. On 09/19/2013, the patient presented for follow-up medical care with complaints of chronic neck and upper extremity pain. She reportedly experienced a flare-up of pain over the prior 1-2 weeks. Authorization for chiropractic care had been received by the medical provider on 08/15/2014, and the patient reported she would be treating with chiropractic care on that date, 09/19/2013. She reported past chiropractic sessions had been helpful. The patient continued to work as an office clerk. She was reported 'Permanent and Stationary'. The patient was diagnosed with cervical spinal stenosis (723.0) and cervical disc displacement without myelopathy (722.0). She was again seen in a medical follow-up on 02/06/2014 with complaints of chronic neck and upper extremity pain. The patient continued to work as an office clerk. By examination muscle tone of the trapezius was increased with palpable tenderness. The patient was diagnosed with cervical spinal stenosis (723.0) and cervical disc displacement without myelopathy (722.0). In medical follow-up on 03/06/2014, she reported complaints of neck pain. Hypertonicity was noted in the trapezius bilaterally, cervical range of motion was approximately 30% of normal in flexion and approximately 15% of normal in bilateral rotation, upper extremity sensation was intact with pinprick and dull testing light touch. Range of motion of the upper extremities, elbows and shoulders was full bilaterally without pain, and Tinel and Phalen signs were negative at the wrists and elbows. There was a request for authorization of 6

sessions of chiropractic treatment. In medical follow-up on 03/26/2014, she reported bilateral upper extremity, elbow and wrist pain. She reported improvement with chiropractic care but treatment sessions had expired, and she requested more chiropractic visits. Six sessions of chiropractic care were requested. The medical note of 04/17/2014 reports the patient continued with neck and wrist pain. She requested additional chiropractic services. By examination on 04/17/2014, bilateral upper and lower extremity muscle tone was normal without atrophy, and upper extremity muscle strength was 5/5 bilaterally. Chiropractic care was again requested. No chiropractic documentation was submitted for this review, but claim review notes the patient had treated with 8 chiropractic treatment visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visit to cervical spine QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pages 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 05/30/2014.

Decision rationale: The Official Disability Guidelines state that in the treatment of neck pain and cervical strain, a 6-visit trial of care over 2-3 weeks is recommended, 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. Authorization for 6 chiropractic treatment sessions was received by the medical provider on 08/15/2014. The patient has reportedly treated with chiropractic care on at least 8 occasions. There was no documentation to provide evidence of objective functional improvement with care rendered, evidence of acute exacerbation, or evidence of a new condition. The request for 6 additional treatments exceeds guideline recommendations and is therefore not medically necessary.