

Case Number:	CM14-0069740		
Date Assigned:	07/14/2014	Date of Injury:	07/18/2013
Decision Date:	08/18/2014	UR Denial Date:	04/30/2014
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 Board Certified 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 patient is a 51-year-old who sustained an injury on 07/18/2013. The patient was assisting other workers unload a vehicle on jobsite, and near the end of the load he turned and felt pinch/minor pain in the lower back. Diagnoses of lumbar spinal stenosis (724.02), brachial neuritis (723.4), cervicgia (723.1), and cervical spinal stenosis (723.0) have been reported. In medical follow-up visit on 03/28/2014, the patient continued with ongoing neck pain at times radiating down the left arm and lower back pain radiating down the left leg. The provider reported the EMG NCV study (date not reported) showed findings of cervical radiculopathy and lumbar radiculopathy, as well as carpal tunnel syndrome of the bilateral wrists. The provider also reported an MRI and CT (study dates not reported) had been performed. CT findings of arthritic changes at the C1-C2 area, congenital fusion at C3-C4, and mild subluxation of the facet joint on the right side at C4-C5 and C7-T1 were noted. Cervical spine MRI revealed congenitally fused C3-C4 and degenerative changes with some central stenosis at C4-C5 and C5-C6. Lumbar spine MRI revealed congenital narrowing of the central canal with foraminal stenosis and facet joint arthropathy of L4-L5 and L5-S1. On 03/28/2014, the medical provider requested chiropractic and acupuncture at a frequency of 2 times per week for 6 weeks each, and the patient was to continue TTD status. Certification for 6 chiropractic treatment sessions were authorized on 04/30/2014. On 05/09/2014, the patient was seen in medical follow-up reporting he was still the same in the neck radiating to the arm, and lower back radiating to the legs. The patient's symptoms were unchanged and he was to remain TTD status. On 05/09/2014, authorization for 12 sessions of chiropractic and 12 sessions of acupuncture was requested. The letter of 06/20/2014 reports the patient will continue TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Therapy 2x6 to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, both MTUS and ODG will be referenced. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. This patient was certified 6 chiropractic treatment sessions on 04/30/2014. There is no documentation of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, and elective/maintenance care is not supported; therefore, the request for 12 chiropractic treatment visits exceeds MTUS recommendations and is not supported to be medically necessary. Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions, ODG is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy for 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 was certified 6 chiropractic treatment sessions on 04/30/2014. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition; therefore, the request for 12 chiropractic treatment sessions to the patient's cervical spine exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary.