

Case Number:	CM14-0071565		
Date Assigned:	07/16/2014	Date of Injury:	07/29/2010
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/17/2014

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 Acupuncture 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 injured worker is a 61 year old male who reported neck pain from an injury sustained on 07/29/10. He stepped over chilled water lines onto electrical conduit and fell over backwards. An MRI (2013) of the cervical spine revealed changes of degenerative cervical spondylosis with disc osteophyte complex canal stenosis at multilevel of varying degree from C2-7. The X-rays (2013) of the cervical spine revealed degenerative disc disease at C4-5, C5-6 and C6-7; lateral disc osteophyte at multiple levels and 2mm retrolisthesis at C3-4. A CT scan of the cervical spine revealed mild multilevel spondylosis. The Electromyography and Nerve Conduction Velocity (EMG/NCV) revealed C4 radiculopathy and bilateral carpal tunnel syndrome of mild severity. The patient has been treated with medication, acupuncture, physical therapy and chiropractic. The only medical notes available for review were dated 10/04/13 of a psychologist which reported patient complaining of neck pain, low back pain, decreased sleep and depression. Per the utilization review, patient complains of right sided neck pain radiating to fingers bilaterally. Pain is rated at 6/10 and he felt weakness in the right arm. Examination revealed tenderness to palpation of the right trapezius and right paracervical muscles. The provider is requesting additional chiropractic treatments 2X per month for 2 months. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xmo x 3mos cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck & Upper Back Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per the MTUS Chronic Pain medical treatment guidelines, it is recommended for chronic pain if caused by musculoskeletal conditions. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective or maintenance care is not medically necessary. Re-occurrences and flare-ups will need to be re-evaluated for treatment success, if RTW is achieved then 1-2 visits every 4-6 months is suggested. Treatment parameters from the state guidelines are as follows: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks and; C) Maximum duration: 8 weeks. At 8 weeks the patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. The patient has had prior chiropractic treatments. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. The patient hasn't had any long term symptomatic or functional relief with care. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per the guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of the evidence and guidelines, Chiropractic for the cervical spine is not medically necessary.