

Case Number:	CM14-0080770		
Date Assigned:	07/18/2014	Date of Injury:	09/19/2013
Decision Date:	10/06/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 28-year-old male with a reported date of injury on 09/19/2013; he was walking in the yard at work when he was struck by a truck on the left shoulder/arm. He was launched 7-10 feet away and landed on his head and had immediate pain in his neck, left shoulder, left arm, upper, mid and lower back. The patient underwent chiropractic re-evaluation on 10/23/2013 with slight improvement since his evaluation performed on 09/25/2013. Cervical spine examination findings include flexion 32/50, extension 46/60, right rotation 62/80, left rotation 58/80, right lateral bending 32/45, and left lateral bending 28/45; paresthesias continued to run distally in the left upper extremity, positive orthopedic testing with Soto Hall and maximum foraminal compression reproducing cervical pain, DTRs decreased (+1) at C5 and C7, resisted muscle testing revealed weakness (+3) at C5 and C7 on the left. Cervical spine diagnoses included cervical IVD displacement without myelopathy and brachial neuritis/radiculitis. The provider requested authorization for continuation of chiropractic treatment at a frequency of 2 times per week for 4 weeks. The patient underwent chiropractic re-evaluation on 11/20/2013 with slight improvement noted since his evaluation on 10/23/2013. Cervical spine examination findings include flexion 34/50, extension 48/60, right rotation 64/80, left rotation 60/80, right lateral bending 34/45, and left lateral bending 30/45; paresthesias continued to run distally in the left upper extremity, positive orthopedic testing with Soto Hall and maximum foraminal compression reproducing cervical pain, DTRs decreased (+1) at C5 and C7, resisted muscle testing revealed weakness (+3) at C5 and C7 on the left. Cervical spine diagnoses included cervical IVD displacement without myelopathy and brachial neuritis/radiculitis. The provider requested authorization for continuation of chiropractic treatment at a frequency of 2 times per week for 4 weeks. The patient underwent chiropractic evaluation on 12/19/2013 with slight improvement since his evaluation performed on 11/20/2013. Cervical spine examination findings

include flexion 36/50, extension 50/60, right rotation 66/80, left rotation 62/80, right lateral bending 36/45, and left lateral bending 32/45; paresthesias continued to run distally in the left upper extremity, positive orthopedic testing with Soto Hall and maximum foraminal compression reproducing cervical pain, DTRs decreased (+1) at C5 and C7, resisted muscle testing revealed weakness (+3) at C5 and C7 on the left. Cervical spine diagnoses included cervical IVD displacement without myelopathy and brachial neuritis/radiculitis. The provider requested authorization for continuation of chiropractic treatment at a frequency of 2 times per week for 4 weeks. The chiropractor recommended continuation of chiropractic treatment at a frequency of 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for four weeks, to cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for 8 sessions of chiropractic care for the cervical spine is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the cervical spine. ODG Treatment, Neck and Upper Back (Acute and 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. The patient reportedly presented for chiropractic care on 09/25/2013, but no supporting documentation was provided for this review. Chiropractic re-evaluation records of 10/23/2013, 11/20/2013 and 12/19/2013 each note slight improvement since the prior evaluation, but the objective findings remained essentially unchanged. On each of the re-evaluation dates (10/23/2013, 11/20/2013 and 12/19/2013) the provider requested authorization for continuation of chiropractic treatment at a frequency of 2 times per week for 4 weeks. Based upon the submitted documentation and requested treatments, this patient has treated in excess of guidelines recommendations. The request for 8 sessions of chiropractic care exceeds guidelines recommendations of a 6-visit trial of care. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 8 sessions of chiropractic care for the cervical spine exceeds ODG recommendations and is not supported to be medically necessary.

