

Case Number:	CM14-0083466		
Date Assigned:	07/21/2014	Date of Injury:	01/11/2013
Decision Date:	08/29/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 male born on 07/27/1970. On 01/11/2013, while working at a construction site, he was carrying boxes of hardwood flooring, lost his balance and fell approximately 12 feet, landing on his right side and right side of his face. He was transported via ambulance to emergency department where diagnostic testing was obtained and revealed no evidence of fractures of the body, but there was evidence of a right zygomatic arch fracture on CT scan of the head. Right zygomatic arch surgical repair was performed on 01/23/2013. Cervical spine x-rays were performed on 11/18/2013, were interpreted negative for fracture, grade 1 retrolisthesis on extension at C3-C4, and grade 1 anterolisthesis on flexion at C4-C5. The patient was seen in medical follow-up on 11/27/2013, and the physician recommended 6 chiropractic treatments for chronic neck pain. In medical follow-up on 01/02/2014, the physician recommended 6 chiropractic treatments for chronic neck pain. The earliest dated chiropractic documentation provided for this review is the PR-2 of 01/03/2014. This record reports the patient had been referred for 6 chiropractic sessions, and the patient completed his 6th visit 01/03/2014. The patient reported feeling approximately 50% better, the cervical spine ROM (Range of Motion) had improved approximately 25% in all planes, and cervical and thoracic spine palpatory tenderness was graded +1. The chiropractor recommended 6 additional treatment sessions to aid in the recovery. In medical follow-up on 01/31/2014, the physician recommended 6 additional chiropractic treatments for chronic neck pain. The chiropractor's PR-2 of 02/03/2014, reported the patient had completed his second round of chiropractic treatment. Objectives were noted as cervical spine ROM mildly reduced in lateral bending and rotation bilaterally, no pain reported during ROM and grade 1 palpatory tenderness from C4-5. The chiropractor reported no further treatment needed for the next 2 to 3 months. In medical follow-up on 03/11/2014, the physician recommended 4 additional chiropractic treatments for chronic

neck pain. The chiropractor's PR-2 of 03/12/2014, reported the patient had completed his third round chiropractic care. Objectives were noted as cervical spine ROM mildly reduced in lateral bending and rotation bilaterally, no pain reported during ROM testing, and grade 1 palpatory tenderness from C4-5. The chiropractor reported no further treatment needed for the next 2 to 3 months. In medical follow-up on 04/25/2014, the physician recommended 4 additional chiropractic treatments for chronic neck pain. The chiropractor's PR-2 of 04/25/2014, reported the patient had completed another round of chiropractic care, treating on 4 occasions from 04/14/2014 to 04/25/2014. Cervical and thoracic spine pain reportedly occurred on occasion, mild basis now. Sleeping had improved since receiving chiropractic care. Objectives were noted as active cervical spine ROM mildly reduced in lateral bending and rotation bilaterally with stiffness noted in those planes, grade 1 palpatory tenderness reported at C5-6 and T3-4 and in the upper trap muscles bilaterally. Treatments had consisted of hot moist packs, electrical stimulation and spinal manipulation. The chiropractor reported the patient was released on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Chiropractic treatment visits for the Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Chiropractic treatment - Manipulative therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The submitted documentation notes on 11/27/2013 the medical provider recommended 6 chiropractic treatment sessions, on 01/02/2014 the medical provider recommended 6 chiropractic treatment sessions, on 01/31/2014 the medical provider recommended 6 chiropractic treatment sessions, and on 03/11/2014 the medical provider recommended 4 chiropractic treatment sessions. On 01/03/2014 the chiropractor reported the patient completed his 6th treatment session and he recommended 6 additional chiropractic visits, on 02/03/2014 the chiropractor reported the patient had completed his second round of chiropractic care, on 03/12/2014 the chiropractor reported the patient had completed his 3rd round of chiropractic care, and on 04/25/2014 the chiropractor reported the patient had completed another round of chiropractic care and had treated on four occasions from 04/14/2014 through 04/25/2014. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, MTUS guidelines are not applicable in this case relative to cervical complaints. ODG is the reference source, and ODG does not support the request for 4 sessions of additional chiropractic therapy for the neck. The patient has treated with chiropractic care exceeding guidelines recommendations without evidence provided for this review of efficacy

with care rendered. The chiropractor reported the patient had completed 3 rounds (6 visits per round based on recommendations for treatment) of chiropractic care by 03/12/2014 and then treated on 4 occasions from 04/14/2014 through 04/25/2014. The request for 4 sessions of additional chiropractic therapy for the neck exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. 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. 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 Four (4) Chiropractic treatment visits for the Cervical are not medically necessary and appropriate.