

Case Number:	CM14-0087617		
Date Assigned:	07/23/2014	Date of Injury:	07/15/2005
Decision Date:	10/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 50 year old female who reported an injury on 07/15/2005. The mechanism of injury was not provided. Diagnoses included multiple herniated nucleus pulposus of the cervical spine with neural foraminal narrowing at left C2-3 and C5-6; canal stenosis at C3-4, C4-5, and C5-6; cervical radiculopathy and degenerative disc disease of the cervical spine with facet arthropathy and retrolisthesis. Past treatments included acupuncture and chiropractic therapy, both of which increased the injured worker's pain. Past diagnostics included EMG and NCV of the bilateral upper extremities on 04/24/2014, with normal results. Surgical history was not provided. The clinical note dated 04/11/2014 indicated the injured worker complained of neck pain with radiating pain, numbness and tingling in the right upper extremity. Physical exam revealed tenderness to palpation of the cervical spine, with decreased range of motion, decreased sensation in the right C5-C8 dermatomes, and decreased strength in the right upper extremities. Medications included hydrocodone 7.5/325 mg. The treatment plan included post-operative chiropractic 2 times a week for 6 weeks to the cervical spine. The rationale for treatment and request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative chiropractic 2 times a week for 6 weeks to cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, (updated 04/14/14), chiropractic care, manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for post-operative chiropractic 2 times a week for 6 weeks to the cervical spine is not medically necessary. The California MTUS guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions, with an initial trial of 6 visits over two weeks. The injured worker complained of neck pain with radiating pain, numbness and tingling in the right upper extremity. Physical exam revealed tenderness to palpation of the cervical spine, with decreased range of motion, decreased sensation in the right C5-C8 dermatomes, and decreased strength in the right upper extremities. The clinical notes indicated the injured worker was awaiting authorization for a posterior spinal fusion at C4-5 and C5-6. There is a lack of documentation to indicate that surgery had been approved and/or scheduled. There is a lack of documentation indicating the injured worker has significant objective functional deficits for which chiropractic treatment would be indicated. Therefore, the request for post-operative chiropractic 2 times a week for 6 weeks to the cervical spine is not medically necessary.