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| Case Number: | CM14-0094525 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/27/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 New York. 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:

Upon review of the medical records the applicant is a 35 year old female who sustained an industrial injury that occurred on 2/27/12. Thus far, treatment has consisted of medications, 16 physical therapy chiropractic visits from November of 2013 to April of 2013. The records do indicate that the applicant has responded well to therapy. Upon review of a chiropractic progress report dated 4/29/14, 5/13/14 there were subjective complaints of neck pain bilaterally, right side of neck was painful and difficulty laterally flexing to the right and left. Examination revealed myospasms in the cervical paraspinals, upper trapezius muscles bilaterally and suboccipital muscles, C3, C5, C7 restrictions. It was indicated that the applicant has responded well to therapy. A diagnosis was given as sprain/strain shoulder and sprain/strain, neck. Treatment consisted of chiropractic spinal manipulation and myofascial release therapy. It was indicated that the applicant returned to full work duty on 4/29/13. In a utilization review dated 3/3/14, the reviewer indicated the applicant complained of achiness and tightness that radiates from the neck down to the shoulder blade that comes and goes. There were complaints of headaches which was helpful by chiropractic. The cervical spinal range of motion was unchanged. There was left paracervical tenderness, no spasm and negative bilateral upper extremity examination. At this point in time the applicant completed 8 chiropractic visits with increased tolerance, ability to sit longer in classes, lift heavier objectives and remaining functional limitations the services meet treatment guidelines as per the MTUS Chronic Pain, ACOEM Guidelines and the ODG Chiropractic Guidelines for the neck region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 2 times a week for 4 weeks, for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC 19 Annual Edition, Neck and Upper Back-Procedure Summary Section Manipulation.

Decision rationale: The applicant is a 35 year old female who sustained an industrial injury that occurred on 2/27/12. Upon review of chiropractic progress report dated 4/29/14, 5/13/14 there were subjective complaints of neck pain bilaterally, right side of neck was painful and difficulty laterally flexing to the right and left. Examination revealed myospasms in the cervical paraspinals, upper trapezius muscles bilaterally and suboccipital muscles, C3, C5, C7 restrictions. It was indicated that the applicant has responded well to therapy. A diagnosis was given as sprain/strain shoulder and sprain/strain, neck. Treatment consisted of chiropractic spinal manipulation and myofascial release therapy. It was indicated that the applicant returned to full work duty on 4/29/13. The applicant to date, as per the records, has received 8 chiropractic treatment sessions. Upon review of the chiropractic the progress reports dated 3/14/14-5/13/14 there was continued complaints of neck pain, headache, and there is difficulty with flexion to the right and left. There was continued myospasms in the cervical paraspinals, suboccipitals and C3, C5 C7 fixations. There was no indication of any significant change in the subjective complaints and/or the objective findings. An assessment of responding well to therapy does not justify objective clinical functional improvement with treatment. The documentation does not support that ongoing chiropractic treatment had any significant improvement with the use of chiropractic manipulation to the cervical spine. As per the ODG chiropractic treatment guidelines the additional requested treatment 2 times per week for four weeks for a cervical strain would not be medically necessary and are not sanctioned within the guidelines. For a cervical strain/sprain a trial of 6 visits over 2-3 weeks and with evidence of functional improvement total of up to 18 visits over 6-8 weeks, avoid chronicity. Such as, Chiropractic treatment, 2 times a week for 4 weeks, for the cervical spine is not medically necessary.