

Case Number:	CM14-0098874		
Date Assigned:	07/28/2014	Date of Injury:	06/25/1999
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 69 year old female born on 07/21/1945. The injury date is noted as 08/25/1999, but no history of injury was reported for this review. The medical provider's PR-2 of 02/14/2014 is completed in handwritten script which is somewhat difficult to decipher. The record appears to indicate the patient continued with cervical pain and chiropractic provided relief. Objectively, there were + spasms and tenderness in the cervical spine, increased ADLs, and pain with flexion and extension. Diagnoses were noted as cervical HNP and right carpal tunnel syndrome. There was a request for authorization of 12 chiropractic treatment sessions. The medical provider's 03/17/2014 PR-2 notes the patient had been receiving chiropractic care and neck muscle tightness had subsided. Objectively, there were decreased trap/rhomboid muscle spasms, increased ADLs, and 50% ROM increased. Diagnoses were noted as cervical HNP and right CTS. The patient was to continue with chiropractic treatment. The medical provider's 04/21/2014 PR-2 notes the patient treated with chiropractic and continued with neck muscle spasms and ROM increasing. Objectively there were rhomboid spasms, increased ROM, decreased spasms, decreased tenderness, and increased ADLs. There was a request for authorization of 12 chiropractic visits. The medical provider's 05/19/2014 PR-2 reports the patient doing better with chiropractic, with minimal pain and discomfort. The examination on 05/19/2014 revealed findings of decreased stiffness, + spurling, + trap and rhomboid spasm, pain with ROM, and increased ROM. Diagnoses were reported as cervical HNP and right CTS. The patient was recommended to continued chiropractic and there was a request for 12 visits of PT. The patient was to remain off work until the next appointment. The medical provider's 06/23/2014 PR-2 reports the patient's complaint of neck pain, stiffness and discomfort had increased with no further historical or consultative data reported. Objective findings on 06/23/2014 were noted as + spurling, + trap and rhomboid spasm, decreased ROM + pain and ROM + stiffness. Diagnoses

were reported as cervical HNP and right carpal tunnel syndrome. There was a recommendation for 12 sessions of PT and 12 chiropractic visits. The patient was to remain off work until the next appointment. Although no chiropractic record dated 08/22/2013 was provided for this review, submitted information notes the patient had treated with chiropractic care since at least 08/22/2013. The submitted chiropractic records indicate the patient treated on 03/07/2014, 03/10/2014, 03/12/2014, 03/19/2014, 03/21/2014, 03/25/2014, 05/22/2014, 05/23/2014, and 05/28/2014. The note of 03/07/2014 is representative of continued care from an unreported date as the record reports complaints of continued cervical spine pain with muscle spasms and tenderness - lapse in treatment time. The encounter note of 03/25/2014, the 6th visit since reported care beginning on 03/07/2014, notes the patient's condition was worse without explanation noted. Throughout the patient's reported course of care, she remained with neck pain without measured evidence of functional improvement with care rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Additional Sessions of Chiropractic Treatments with Modalities and Exercises:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, pages 58-60; Exercise Page(s): 58-60, 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The MTUS Chronic Pain Guidelines reports manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome. MTUS Chronic Pain Guidelines supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced relative to chiropractic care of the patient's cervical spine. In the treatment of neck pain and cervical strain, the 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. This patient has been treating with chiropractic care since at least 08/22/2013. The encounter note of 03/25/2014, the 6th visit since reported care beginning on 03/07/2014, notes the patient's condition was worse without an explanation noted. 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 12 additional chiropractic treatment visits exceeds MTUS and ODG recommendations and is not supported to be medically necessary.