

Case Number:	CM13-0063080		
Date Assigned:	06/09/2014	Date of Injury:	04/12/2006
Decision Date:	03/16/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Virginia

Certification(s)/Specialty: Chiropractor

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 60-year-old male who reported injury on 04/12/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of complex regional pain syndrome, myofascial pain syndrome, and bilateral C5 and C6 facet pain. Past medical treatments consist of medication therapy, 4 cervical surgeries, and physical therapy. Medications include tramadol, Vicodin, Ativan, tizanidine 4 mg, and gabapentin 300 mg. No diagnostic studies were submitted for review. On 11/04/2013, the injured worker complained of significant neck pain with extension and rotation. The physical examination noted that the injured worker had trigger points in the levator scapulae muscles and trapezius muscles. Cervical range of motion in extension and right and left lateral rotation were decreased secondary to pain. The medical treatment plan was for the injured worker to undergo 12 chiropractic sessions. The provider is requesting the chiropractic sessions to improve cervical range of motion and improve the injured worker's myofascial pain syndrome. A Request for Authorization form was submitted on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 1 TIME PER WEEK FOR 12 WEEKS FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: The request for chiropractic sessions 1 time per week for 12 weeks for the cervical spine is not medically necessary. The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the neck, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare up requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot; carpal tunnel syndrome; the forearm, wrist, and hand; or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The submitted documentation indicated that the injured worker had pain in the neck. However, there was no indication of what pain levels were via VAS. Furthermore, there was no evidence indicating prior conservative treatment the injured worker has undergone. Additionally, the request as submitted is for 12 sessions of chiropractic care, exceeding the guidelines' recommendations for an initial 6 session trial with objective functional improvement. There were no other significant factors provided to justify the use outside of the current guidelines. Given the above, the request would not be indicated. As such, the request is not medically necessary.