

Case Number:	CM14-0184952		
Date Assigned:	03/06/2015	Date of Injury:	08/14/2013
Decision Date:	04/15/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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: California
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 (I/W) is a 56-year-old male who sustained an industrial injury on 08/14/2013. He has reported pain in the neck, upper back, lower back, left shoulder and left hip that he rates as a 7/10. The pain is aggravated by bending over, prolonged sitting and prolonged standing. Relieving factors include medication, exercise, rest and stretching. With the current medication regimen, the I/W relays that his pain symptoms are adequately managed. Diagnoses include cervicalgia, lumbago, thoracic of lumbosacral neuritis or radiculitis not otherwise specified, and chronic pain syndrome. Treatments to date include physical therapy which was not effective, an epidural injection which was not effective. Current medications (06/11/2014) include Menthoderm Gel, Naproxen Sodium 550, Orphenadrine ER 100 mg, Pantoprazole sodium DR20 mg. A progress note from the treating provider dated 06/11/2014 indicates his range of motion in both the cervical and lumbar spine is restricted. The right shoulder has no limitation of range of motion. The left shoulder has restricted movement limited to 90 degrees flexion, and 70 degrees abduction both limited by pain. Motor exam shows a small decrease in power on the left triceps and. Lower extremities have normal motor power with exception of slight decrease on the left. Treatment plan includes 8 sessions of Acupuncture, and 8 sessions of Chiropractic treatment, a lumbar brace, a TENS (Transcutaneous Electrical Nerve Stimulation) unit 30 day trial, and psychological evaluation. A Utilization review appeal letter of 07/01/2014 states the IW had completed 6 sessions of Chiropractic therapy in the past and found Chiropractic therapy and Acupuncture therapy to be helpful at the time. The letter also states a cervical spine MRI of 03/29/2014 showed multilevel degenerative disc change, uncovertebral

hypertrophy and foraminal encroachment. In the letter, the request for Acupuncture was modified to six sessions. On 07/10/2014 Utilization Review non-certified a request for 6 Additional Chiropractic Treatment for the Cervical Spine. The MTUS-ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Chiropractic Treatment for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. The Expert Reviewer based his/her decision on the MTUS American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004 Page(s): 298-299.

Decision rationale: The patient sustained an industrial injury on 8/14/13 one year prior to the initiation of medical management with his current medical provider who began care on 5/29/14. Medical management has included diagnostic imaging revealing cervical degenerative joint disease and treatment protocols of Chiropractic and Acupuncture. The Appeal request for additional Chiropractic care was dated 7/1/14 reported the patient presenting with an aggravation of his lower back pain. The UR review of 7/10/14 reported the patient unresponsive to conservative Chiropractic care with excessive pain presentation despite prior manipulative care. Examination deficits remains despite care leaving it reasonable that other protocols were more likely to produce functional gains. The UR determination of 7/10/14 was reasonable and consistent with referenced CA MTUS Chronic Pain Medical Treatment Guidelines that require objective clinical evidence of functional improvement prior to consideration of additional care. The reviewed medical records failed to establish the medical necessity for continued Chiropractic care consistent with referenced CA MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for 6 Additional Chiropractic Treatment for the Cervical Spine is not medically necessary.