

Case Number:	CM14-0185042		
Date Assigned:	11/12/2014	Date of Injury:	06/02/2006
Decision Date:	01/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

This case is a 66 year old female with a date of injury on 6/2/2006. A review of the medical records indicates that the patient has been undergoing treatment for displacement intervertebral disc without myelopathy. The subjective complaints (7/25/2014) noted increased muscle spasms to unidentified location, "relief with chiro", (8/25/2014) include "pain increased since last visit", (10/13/2014) include "pt has increase cervical pain". The objective findings (7/25/2014, 8/25/2014, and 10/13/2014) include tenderness to palpation of trapezius muscle, muscle spasms to cervical muscles with radiculopathy. Treatment has included chiropractic sessions (unknown quantity). A utilization review dated 10/21/2014 non-certified a request for 12 Visits Chiropractic Treatment due to lack of documented objective and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Visits Chiropractic Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation

Decision rationale: The MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." The ODG writes, "It would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Additionally, the ODG details criteria for treatment:- Regional Neck Pain: 9 visits over 8 weeks- Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below.- Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks- Moderate (grade II): Trial of 6 visits over 2-3 weeks- Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity- Severe (grade III): Trial of 10 visits over 4-6 weeks- Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity- Cervical Nerve Root Compression with Radiculopathy:- Patient selection based on previous chiropractic success --Trial of 6 visits over 2-3 weeks- With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care - Post Laminectomy Syndrome: 14-16 visits over 12 weeks Medical records indicate that that patient has undergone cervical chiropractic treatment. The documents provided did not indicate how many the patient has undergone. Therefore, it is unclear if the trial therapy has been completed or not. The guidelines can allow for therapy up to 25 sessions, but the treatment notes do not indicate applicable medical conditions for such quantity of treatment. The treating physician does not note any improved objective or subjective findings, which is necessary for ongoing therapy. As such, the request for 12 Visits Chiropractic The requested treatment is not medically necessary.