

Case Number:	CM14-0201332		
Date Assigned:	12/11/2014	Date of Injury:	07/13/1998
Decision Date:	02/24/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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: Ohio

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:

This is a 54 old female who sustained a work related injury on July 13, 1998 while working as a library assistant. The mechanism of injury was not provided. She reported pain in her arms at the shoulders, elbows and wrists. She also reported back spasms. The injured worker is retired. The Utilization Review documentation dated November 19, 2014 notes that the injured worker had been treated for periodic exacerbations of her neck and back pain. The Utilization Review documentation makes reference to a progress note dated August 18, 2014. However, the progress note referenced was not submitted for this review. The most current progress note dated May 19, 2014 notes that the injured worker was experiencing increasing upper back and neck pain and right hand paresthesia. She noted that her continued home measures to help with the pain were of little success. Physical examination of the cervical spine revealed decreased cervical rotation and cervical flexion that was painful. These motions, as well as a shoulder depression test increased the pain to the right cervicodorsal junction and into the right arm. Also noted were vertebral fixations of cervical six and thoracic two levels and spasms of the right paracervical muscles. Examination of the right hand showed fixations of the right carpal lunare and right radial hand. Treatment had included chiropractic manipulative therapy of the cervical and thoracic spine, hot packs, therapeutic massage and ultrasound. The treatment rendered did provide functional improvement and allowed the injured worker to pursue her normal activities of daily living and helps her avoid taking pain medication. There is one chiropractic note dated December 15, 2014 which notes that the injured worker had neck pain that radiated to the left hand, mid-back and low back pain, a frontal headache and left wrist pain. Cervical and lumbar

range of motion was noted to be decreased. Initial examination date was noted to be September 26, 2014, however no other chiropractic documentation was submitted. Diagnoses include chronic cervical sprain/strain, myofascitis and Carpal Tunnel Syndrome. The treating physician request chiropractic care once a week for three weeks. Utilization Review evaluated and denied the request for chiropractic care on November 19, 2014. Utilization Review denied the request due to lack of documentation as to how many chiropractic treatments the injured worker actually received and lack of documentation of the injured workers functional improvement related to the chiropractic treatment. Therefore the request is not medically necessary. MTUS Chronic Pain Medical Treatment Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care once a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Care Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, manipulation.

Decision rationale: MTUS does not specifically address manipulation to the cervical spine so ODG was utilized. ODG notes that manipulation is recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. ODG as does MTUS recommends a trial of 6 visits over 2-3. Additional visits would be recommended with evidence of objective functional improvement. Base on the medical submitted there has been an adequate trial and there is no documentation of objective functional improvement, therefore the treatment request is not medically necessary.