

Case Number:	CM14-0202911		
Date Assigned:	12/15/2014	Date of Injury:	08/20/1999
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 licensed in Chiropractor (DC) 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 injured worker is a fifty-four year old female who sustained a work-related injury on August 20, 1999. A request for twelve sessions of chiropractic therapy to the cervical spine was non-certified in Utilization Review (UR) on November 14, 2014. The UR physician utilized the California (CA) Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) in the determination. The CA MTUS recommends that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain and moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. The ODG recommend neck and upper back manipulation for nine visits over eight weeks for cervical strain. The intensity and duration of care depend on the severity of the injury as indicated for mild injury for six visits, moderate trauma for six visits with evidence of objective functional improvement for a total of up to eighteen visits over six to eight weeks. The UR physician determined upon review of the submitted documentation that the injured worker had completed twenty-four previous visits of chiropractic therapy and the request for twelve additional sessions of chiropractic therapy to the cervical spine exceeded the recommendations. A request for independent medical review (IMR) was initiated on December 4, 2014. A review of the documentation submitted for IMR included six physician's evaluations from May 19, 2014 through November 11, 2014. On May 19, 2014 the evaluating physician noted that the injured worker complained of neck pain with radiation of pain to the left thumb and index finger. She had left trapezius spasms and tenderness with range of motion. The injured worker had five sessions of chiropractic therapy to the shoulder from May 21, 2014 through June 24, 2014 during which the provider documented improvement. On July 29, 2014, the evaluating physician noted that the injured worker could not turn her head due to muscle spasm. She reported a pulling pain

radiating from her neck to her right scapula/upper back. The documentation included three reports of chiropractic therapy to the cervical spine from June 27, 2014 through July 2, 2014. The chiropractic notes did not indicate the specific functional benefits gained from the therapy in terms of specific activities of daily living which were improved. A physician's note of August 20, 2014 revealed the injured worker was improving with acupuncture and that her activities of daily living were increased, her medication use was decreased and she had minimal discomfort with range of motion. On October 1, 2014, the provider noted that the injured worker had increased pain since she stopped her conservative therapy with acupuncture and chiropractic treatment. The documentation revealed that she was getting worse and complained of a throbbing sensation to the neck and muscle tightness. The documentation indicated that the chiropractic therapy and acupuncture helped with muscle tightness. On examination, the injured worker had spasms and tenderness to the trapezius and rhomboid muscles. The evaluating physician recommended twelve visits of chiropractic therapy and six visits of acupuncture. On November 11, 2014, the provider documented that the injured worker had increased neck stiffness, limited range of motion, radiating symptoms and decreased sensation. The documentation submitted for review did not include evidence of specific functional gains with chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document sustained functional improvement with prior care. Provider requested additional 2 times 6 chiropractic sessions for cervical spine. Patient reports improvement with care; however, pain increases when not getting treatment. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2 times 6 chiropractic visits are not medically necessary.