

Case Number:	CM15-0130864		
Date Assigned:	07/17/2015	Date of Injury:	08/08/2012
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Chiropractic

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 54-year-old female who sustained an industrial injury on 08/08/2012. Mechanism of injury occurred when she was stressed and overworked and felt her right arms go numb and felt pain in the back of her neck. Diagnoses include cervical disc displacement, cervical spine stenosis, and cervical facet arthropathy. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and a home exercise program. Her medications include Elavil, Naproxen and Lidopro cream. She is currently working full time. On 10/30/2014, there is an unofficial Magnetic Resonance Imaging of the cervical spine report which showed reversal of the normal cervical lordotic curve centered at C6-C7 where there are degenerative disc changes with a 3mm broad based disc and bony ridging with no impingement upon the spinal cord, however, creating a contour deformity (slight flattening) of the anterior aspect of the spinal cord. A physician progress note dated 05/14/2015 documents the injured worker has tenderness to palpation of the cervical spine. Pain is present with cervical facet loading bilaterally. Cervical range of motion is restricted. She has mild hyper-reflexia in the bilateral upper and lower extremity reflexes. The injured worker has received chiropractic sessions and she has had less pain, and been able to increase her range of motion. She is sleeping better at night and has been able to reduce her usage of medications. Treatment requested is for additional Chiropractic 2x4 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her 8/8/12 cervical spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The past number of treatments are unknown. The number of treatments being requested far exceed the recommended number by The MTUS. I find that the 8 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.