

Case Number:	CM15-0147987		
Date Assigned:	08/11/2015	Date of Injury:	04/21/2003
Decision Date:	09/11/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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 37 year old female who sustained an industrial injury dated 4-21-03. Diagnoses are cervical myofascitis (cervico-genic headaches), cervical myositis, cervico-genic muscle tension headaches, cervical disc (by MRI), radiculopathy cervical brachial C6 (by electrodiagnostic report 2013), internal derangement right wrist-hand (status post surgery 2012), cubital tunnel syndrome right radial tunnel syndrome right proximal forearm, Dequarvain's syndrome; tenosynovitis, and epicondylitis-elbow lateral. In a narrative progress report dated 7-15-15, the primary physician notes the injured worker is having an acute flare up of her cervical spine neck pain and severe headaches and pain that radiates down her right arm to the hand. It is noted, that on 6-1-15, the pain was so debilitating, she had to leave work as she was unable to perform the basic functions of her job duties and she had to get emergency treatment. It is noted that poor ergonomics are contributing to her increase in pain. Pain levels are reported as cervical pain at 7-9 out of 10, headaches are a constant 8-9 out of 10, right wrist and thumb pain are 3 out of 10 and the right elbow is at 2-3 out of 10. She is status post right wrist surgery in 2012, with loss of range of motion of the wrist due to surgical intervention. Numbness in the 4th and 5th digits on the right is noted. It is noted this is an acute flare up with increased pain levels as her base line pain level of the cervical spine is 3-4 out of 10 and can elevate to 6-7 out of 10 one to two times a week and then goes back to baseline. The right hand Dynamometer was 20, 20, 19 which is decreased from previous 24, 24, 22. Pinwheel was abnormal at upper C8; decreased right ulnar nerve distribution; 4th and 5th digit numbness. Previous functional, objective and subjective improvement with past manipulation of the cervical spine for cervical cervico-genic

headaches is noted. She has a cervical disc on MRI and radicular symptoms into the arm with positive electromyography-nerve conduction study. The treatment plan is 10 additional chiropractic care sessions for the cervical spine and if the acute flare up cannot be controlled, a pain specialist consult will be requested for possible epidurals. The requested treatment is 10 additional chiropractic care visits to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 visits manipulation: 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/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Manipulation.

Decision rationale: Per the extensive records provided, the patient has received at least 18 chiropractic care sessions since 2003 for her cervical spine injury. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date since 2003 are unknown and not specified in the records provided for review. The treatment records submitted for review 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 however, for the cervical spine the MTUS is silent. 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 objective functional improvement with the care in the past per the treating chiropractor's progress notes reviewed but the 10 requested sessions far exceed the recommended ODG number and treatment parameters. I find that the 10 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.