

Case Number:	CM15-0194190		
Date Assigned:	10/08/2015	Date of Injury:	04/09/2009
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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 male, who sustained an industrial injury on April 09, 2009. The injured worker was diagnosed as having cumulative trauma injury, cervical spine strain, right trapezial myofascial complaints, right cubital tunnel syndrome, status post decompression with residual, ulnar nerve neuritis versus reflex sympathetic dystrophy, status post right elbow ulnar nerve debridement with anterior intramuscular transposition and stabilization in April of 2013, carpal tunnel syndrome, and gastritis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, chiropractic therapy, and above noted procedures. In a re-evaluation note dated July 22, 2015 the treating physician reports complaints of intermittent, "moderate" pain to the neck that radiates to the bilateral arms. Examination performed on July 22, 2015 was revealing for tenderness to the paracervical muscles and the right trapezial muscles, decreased range of motion to the cervical spine with pain, muscle spasms to the cervical spine, decreased sensation at cervical six to seven distribution, muscle spasms to the right shoulder, decreased range of motion to the right shoulder with pain, tenderness to the medial epicondyle, tenderness to the right wrist, "slight" weakness to the right grip, and decreased sensation at cervical seven and eight of the right forearm and right hand. The re-evaluation from July 22, 2015 noted prior chiropractic therapy with the exact quantity not provided, but the re-evaluation from February 11, 2015 noted a previous prescription for chiropractic therapy at two times a week for four weeks. The treating physician on July 22, 2015 noted that the prior chiropractic therapy "provides temporary relief," but the note provided did not indicate the injured worker's pain level as rated on a pain scale prior to chiropractic therapy and after chiropractic therapy to indicate the effects with the use

chiropractic therapy. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with prior chiropractic therapy sessions. On July 22, 2015, the treating physician requested eight sessions of chiropractic treatments at two times four to the cervical spine, but did not indicate the specific reason for the requested treatment. On the Utilization Review determined the request for eight sessions of chiropractic treatments at two times four to the cervical spine to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 8 sessions (2x4) to cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for his cervical spine injury in the past. The total number of chiropractic sessions is unknown and not specified in the records provided for review. The past chiropractic treatment records are not available in the materials provided. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over 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." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the primary treating (MD) physician's progress notes reviewed. The number of chiropractic sessions to date is not specified. I find that the 8 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.