

Case Number:	CM15-0032327		
Date Assigned:	02/25/2015	Date of Injury:	04/02/2007
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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 50 year old male, who sustained an industrial injury on 04/02/2007. He has reported subsequent neck pain and was diagnosed with cervical spine degenerative disc disease, cervical radiculopathy and status post anterior cervical discectomy and fusion of C5-C6 and C6-C7. Treatment to date has included oral pain medication, cervical epidural injection, acupuncture, and chiropractic therapy. In a progress note dated 12/01/2014, the injured worker complained of continued severe neck pain that was rated as an 8/10. Objective examination findings were notable for tenderness to palpation of the cervical paraspinal muscles bilaterally with spasm, decreased range of motion and decreased sensation in the right C5, C7 and C8 dermatomes. A request for authorization of for 8 chiropractic sessions of the cervical spine, 2x/wk for 4 weeks was made. On 01/23/2015, Utilization Review non-certified a request for 8 chiropractic sessions of the cervical spine, 2x/wk for 4 weeks, noting that performing manual therapy and manipulation on a fused cervical spine was not clinically indicated. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic sessions to the cervical spine, 2x/week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The patient has received prior chiropractic care for his neck injury (15 sessions). The patient is status post-surgery C4-5 fusion. The MTUS Post-Surgical Treatment Guidelines recommends 24 sessions of chiropractic care over 16 weeks in the first 6 months post-surgery. The fusion was performed in 2012. In this case the Post-Surgical Treatment Guides do not apply since the post-surgical treatment time has passed. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." 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 PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 8 chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.