MAXIMUS Federal Services

Case Number:	CM15-0235084		
Date Assigned:	12/10/2015	Date of Injury:	08/03/2015
Decision Date:	01/21/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/01/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male, who sustained an industrial injury on 8-3-15. The injured worker has complaints of neck, mid and low back pain with numbness through both arms extending down into his hands. The documentation on 10-6-15 noted that the injured worker reported that he is unable to lie on his back due to his pain and that he must sleep in a recliner and can only sleep for an hour at a time and must then move. The documentation noted tender lumbar midline and bilateral paraspinals and lumbar spasms. There is decreased sensation left C5 and C5 dermatomes and increased sensation bilateral C7 and C8 dermatomes. The diagnoses have included traumatic displaced spondylolisthesis of C6 with subsequent encounter for fracture with routine healing; severe cervical spondylolisthesis with complete facet dislocation and cervical radiculopathy. Treatment to date has included hard collar for support. Current medications on 10-6-15 were listed as norco; metformin; glipizide and ibuprofen and new medication for diabetes that he does not recall the name. The original utilization review (11-3-15) modified the request for post-operative chiropractic rehabilitation therapy, cervical spine, 2 times weekly for 6 weeks, 12 sessions to post-op chiropractic rehabilitation therapy 6 sessions for the cervical spine to allow for reassessment of post-operative functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative chiropractic rehabilitation therapy, cervical spine, 2 times weekly for 6 weeks, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back. Decision based on Non-MTUS Citation ODG: Section: Pain: Topic: Chiropractic treatment.

Decision rationale: The injured worker is a 58-year-old male with a history of trauma to the cervical spine from a truck accident on 8/3/2015. A CT scan of the cervical spine with contrast dated 8/3/2015 revealed a fracture through the right sixth superior and inferior articular facets extending into the right lamina. There was no retropulsion of bone into the central canal. There was also a left first rib fracture. The injured worker has been certified for anterior cervical discectomy and fusion at C6-7. The current request pertains to postoperative chiropractic rehabilitation therapy for the cervical spine, 2 times weekly for 6 weeks. California MTUS postsurgical treatment guidelines indicate 24 visits of physical therapy over 16 weeks for a fusion after graft maturity. The initial course of therapy is one half of these visits which is 12. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 12 visits may be prescribed. According to California MTUS chronic pain treatment guidelines Chiropractic treatment includes manual therapy and manipulation. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. Although it is recommended for the low back, chronic pain guidelines do not recommend it for the cervical spine. ODG guidelines indicate that chiropractic is a profession and not specific treatment. As such, postsurgical physical therapy may be performed in a chiropractic clinic although manipulation is not indicated after a fusion. Therefore the request for 12 postsurgical treatments for chiropractic rehabilitation is appropriate and is medically necessary.