

Case Number:	CM15-0240397		
Date Assigned:	12/17/2015	Date of Injury:	05/20/2015
Decision Date:	01/25/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/09/2015

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:

This is a 51 year old male who sustained a work-related injury on 5-20-15. Medical record documentation on 10-30-15 revealed the injured worker was being treated for cervical disc degeneration, cervical spine decreased lordosis, cervical sprain, status post left cubital tunnel release, lumbar disc degeneration and lumbar sprain. He reported increased neck pain radiating to the shoulder blade region. He had associated numbness and tingling of the bilateral hands and bilateral fingertips. He noted stiffness and tightness of the neck and experienced sleep disruption. He rated his neck pain a 6-7 on a 10-point scale. The injured worker had constant pain in the center and across his low back. His back pain radiated down the bilateral legs and he had associated numbness and tingling in the bilateral legs. He reported that he could only sit for 5-10 minutes, stand for 15-20 minutes or walk for 15-20 minutes. He rated his low back pain a 6-7 on a 10-point scale. The injured worker had bilateral hand pain with radiation of pain to the right thumb associated with numbness and tingling to his 3rd, 4th and 5th fingers. He had difficulty gripping and frequently dropped objects. Objective findings included cervical spine range of motion with forward flexion to 49 degrees, extension to 5 degrees, left lateral flexion to 24 degrees and right lateral flexion to 19 degrees. Spurling's test was positive on the right and negative on the left. The injured worker had moderate spasms of the cervical spine. His lumbar spine range of motion was flexion to 51 degrees, extension to 12 degrees, left lateral flexion to 25 degrees and right lateral flexion to 20 degrees. Computerized wrist flexion was 0.8 kg bilaterally and wrist extension was left at 0.7 kg and right at 0.6 kg. A magnetic resonance imaging (MRI) of the cervical spine on 10-27-15 revealed 1-2 mm broad-based disc protrusion

and mild left neural foraminal stenosis at C5-6; 2 mm central to left paracentral disc extrusion at C6-7; straightening of lordosis; mild to moderate right neural foraminal stenosis at C3-4 and mild right foraminal stenosis at C4-5. A magnetic resonance imaging (MRI) of the lumbar spine on 10-27-15 revealed 1 mm diffuse disc bulge at L4-5; 2 mm broad-based disc osteophyte complex and mild to moderate disc height loss at L5-S1; A request for chiropractic therapy for the cervical spine 2 times a week for four weeks, chiropractic therapy for the lumbar spine 2 times a week for four weeks and chiropractic therapy for the bilateral hands 2 times a week for 4 weeks was received on 11-11-15. On 11-17-15, the Utilization Review physician determined chiropractic therapy for the cervical spine 2 times a week for four weeks, chiropractic therapy for the lumbar spine 2 times a week for four weeks and chiropractic therapy for the bilateral hands 2 times a week for 4 weeks was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic cervical 2 times a week for 4 weeks: Overturned

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 several older work related injuries for which he has received chiropractic care. The patient has not received chiropractic care for his 5/20/15 dated cervical spine injury in the past. The MTUS recommends manipulation for chronic musculoskeletal conditions. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. I find that the 8 initial chiropractic sessions requested to the cervical spine to be medically necessary and appropriate.

Chiropractic lumbar 2 times a week for 4 weeks: Overturned

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) Low Back/Manipulation.

Decision rationale: The patient has several older work related injuries for which he has received chiropractic care. The patient has not received chiropractic care for his 5/20/15 dated lumbar spine injury in the past. The MTUS recommends manipulation for chronic musculoskeletal conditions. The MTUS and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 additional chiropractic care sessions over 6-8

weeks with evidence of objective functional improvement. I find that the 8 initial chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.

Chiropractic bilateral hands 2 times a week for 4 weeks: 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, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, Forearm & Hand/Carpal Tunnel Syndrome/Manipulation.

Decision rationale: The patient has several older work related injuries for which he has received chiropractic care. The patient has not received chiropractic care for his 5/20/15 dated carpal tunnel injury in the past. The MTUS does not recommends manipulation for carpal tunnel syndrome. The ODG does not recommend manipulation for the wrist, forearm and hand. The ODG does not recommend manipulation for carpal tunnel syndrome. The patient is status post carpal tunnel release for the left wrist (June 2015). MTUS Post-Surgical Treatment Guidelines does recommend manipulation for carpal tunnel syndrome. The same section recommends 3-8 visits for a treatment period of 3 months post surgery. This time limit has passed and therefore post-surgical chiropractic care for the wrist is not warranted. I find that the 8 initial chiropractic sessions requested post-surgical, to the bilateral hands to not be medically necessary and appropriate.