

Case Number:	CM14-0114800		
Date Assigned:	09/23/2014	Date of Injury:	07/10/2000
Decision Date:	10/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old female who reported neck, low back, right shoulder, right elbow and right wrist pain from injury sustained on 06/07/13 due to cumulative trauma. X-rays of the cervical spine revealed straightening of cervical lordosis with slight reversal at C4-5; decreased disc space and spondylosis at C5-6 greater than C4-5. X-rays of the right shoulder were unremarkable. X-rays of the lumbar spine revealed grade 1 anterolisthesis of L5 on S1 with marked loss of L5-S1 joint space; foraminal facet encroachment at L5-S1 greater than L4-5. Patient is diagnosed with mild carpal tunnel syndrome, cervical sprain/strain with degenerative disc disease and spondylosis; lumbar sprain/strain with grade 1 spondylosis with right leg radiation; right shoulder impingement; right elbow medial and lateral epicondylitis and right wrist tenosynovitis. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 05/06/14, patient complains of pain on right side with stiffness. Patient reports increased pain with prolonged positioning of head, driving. Pain is decreased with home exercise program, stretching and medication. Pain is rated at 4/10. Patient states chiropractic treatment helps to decrease pain, increase function and increase activities of daily living. Per medical notes dated 06/18/14, patient had 5 chiropractic treatments with gradual overall improvement. Provider requested additional 2X4 chiropractic sessions for cervical, lumbar and bilateral arms which was modified to 2X4 chiropractic sessions for cervical, lumbar and bilateral shoulder by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment two (2) times a week for four (4) weeks to the Cervical, Lumbar Spine, Bilateral Arms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59..

Decision rationale: MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain 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 physiological range-of motion but not beyond the anatomic range-of-motion. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months; Carpal tunnel syndrome: Not recommended; Forearm, wrist, hand: Not recommended Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per medical notes dated 05/06/14, patient states chiropractic treatment helps to decrease pain, increase function and increase activities of daily living. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for arms. Per review of evidence and guidelines, additional 8 Chiropractic visits for cervical, lumbar and bilateral arms are not medically necessary.