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| Case Number: | CM14-0144363 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 03/10/2008 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 08/27/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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 Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 61-year-old woman who sustained a work-related injury on March 10, 2008. Subsequently, she developed chronic neck and back pain. The patient's prior treatment included medications and chiropractic care (she has completed the approved 6 sessions and reported approximately a 60% reduction of her overall pain). According to a progress report dated August 12, 2014, the patient continued to have neck pain, which radiated down to the bilateral upper extremities, rated as 9/10 without medications and as a 5-6/10 with medications. The patient also reported ongoing lower back pain with pain and numbness down the bilateral lower extremities, worse on the right than the left, rated as a 5-6/10 without medications and a 3/10 with medications. Physical examination of the cervical spine and upper extremities revealed tenderness and spasms of the paracervical muscles. There is decreased sensation on the bilateral upper extremities globally. The range of motion was restricted by pain. Orthopedic testing of the cervical spine revealed local pain. Left shoulder abduction and left elbow flexion were 4/5. Examination of the lumbar spine and lower extremities revealed palpable tenderness and spasms of the paravertebral muscles, bilaterally with reduced range of motion. The patient as diagnosed with lumbar facet arthropathy at L4-5, cervical radiculopathy, cervical instability at C4-5, L4-5 spondylolisthesis, intermittent lumbar radiculopathy, C5-6 and C6-7 disc space narrowing, and neural foraminal narrowing from C4-5 and C5-6. The provider requested authorization for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for 2 times per month for 6 months for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation: < 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 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. 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 and recurrences / flare-ups: Need to reevaluate.>Based on the above, continuous chiropractic treatment for 6 months is not recommended without periodic documentation of its efficacy. Therefore, the request for Chiropractic for 2 times per month for 6 months for the cervical and lumbar spine is not medically necessary.