

Case Number:	CM14-0145575		
Date Assigned:	09/12/2014	Date of Injury:	09/15/2004
Decision Date:	11/12/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Medicine 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 51 year old female who sustained an injury to her neck on 09/15/04. A clinical note dated 07/09/14 reported that the injured worker complained of constant, sharp, and aching pain in the neck at 9/10 VAS that radiated into the bilateral shoulders. The injured worker's right upper extremity pain radiates into the mid-back. A chiropractic note dated 07/17/14 reported that the injured worker continued to complain of neck pain at 8/10 VAS. The chiropractic note dated 07/29/14 reported that the injured worker continued to complain of difficulty turning the head, overhead activity, reaching, and lifting. The chiropractic note dated 08/07/14 reported that the injured worker continued to complain of neck pain at 7/10 VAS radiating to the bilateral shoulders, right greater than left with associated numbness/tingling that has improved. The injured worker reported improvement with dressing, overhead activity, and lifting. The injured worker is currently on disability. Physical examination noted cervical range of motion flexion 35 degrees, extension 30 degrees, bilateral lateral flexion 20 degrees, right rotation 45 degrees, left rotation 50 degrees; cervical spine muscles graded 4-/5 throughout with pain. The injured worker was recommended additional chiropractic treatment to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional sessions of chiropractic treatment for the cervical spine, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The request for 8 additional visits of chiropractic treatment for the cervical spine, 2 x a week x 4 weeks is not medically necessary. The previous request was denied on the basis that in this case, the injured worker has completed 39 visits of chiropractic manipulation treatment from 01/09/14 - 08/07/14. There was noted improvement in pain in cervical range of motion; however, the injured worker has sufficiently attended the recommended chiropractic therapy services and there was no discussion of how the additional recommended treatment will differ and is expected to yield a different or better outcome. Current deficits are minimal and limited to pain and motion restrictions, which can be addressed by a self-directed home exercise program. Therefore, the request was not deemed as medically appropriate. The CA MTUS does not recommend chiropractic manipulation treatment for the neck; however, if deemed appropriate, treatment should not exceed 8 weeks. The CA MTUS states that at week 8, injured workers should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain injured workers in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the injured worker has reached a plateau and maintenance treatments have been determined. Palliative care should be reevaluated and documented each treatment session. There were no complicating factors identified that would require continued, indefinite chiropractic manipulation treatment for the neck. Given this, the request for 8 additional visits of chiropractic treatment for the cervical spine, 2 x a week x 4 weeks is not indicated as medically necessary.