

Case Number:	CM14-0161089		
Date Assigned:	10/06/2014	Date of Injury:	11/12/2013
Decision Date:	10/30/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 a licensed Chiropractor 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 patient is a 49-year-old female born on 11/07/1964. On 11/12/2013, while working as a food preparer, she slipped and fell landing on the left side of her back and struck her left elbow and shoulder on the concrete. Although no supporting clinical documentation was provided, claims information notes chiropractic charges on 12/09/2013. The medical provider's PR-2 of 02/04/2014 is completed in difficult to decipher handwritten script. The record reports patient's symptoms included constant aching neck pain and other difficult to decipher notations. No measured objective factors were reported. Diagnoses included cervical spine sprain/strain with left upper extremity radiculopathy and left shoulder sprain/strain. There was a request for chiropractic treatment to the cervical spine and left shoulder at a frequency of 3 times per week for 4 weeks. The medical provider's PR-2 of 03/17/2014 reports headaches were improved with chiropractic care. The record appears to indicate the patient had attended 8/18 chiropractic treatments, and the provider recommended continuation of chiropractic care for the cervical and left shoulder. On 03/20/2014, [REDACTED] - Claims Service authorized 12 chiropractic visits for the cervical spine from 02/10/2014 through 05/30/2014. The medical provider's report of 04/21/2014 notes the patient was seen by that provider on 02/04/2014 and was diagnosed with cervical spine sprain/strain, left upper extremity radiculopathy with x-ray findings of mild discogenic spondylosis, left shoulder sprain/strain, and left tennis elbow. The medical provider reported the patient presented for chiropractic care on 02/19/2014, and she had attended 7 chiropractic treatment sessions from 02/19/2014 to 04/14/2014 regarding the cervical spine and left shoulder. The patient underwent upper extremity electrodiagnostic studies on 04/28/2014 with impressions noted as normal NCS except median neuropathy at the right wrist consistent with borderline carpal tunnel syndrome, and normal EMG. The RFA of 06/30/2013 requested authorization for chiropractic treatment to the cervical spine and left shoulder at a

frequency of 2 times per week for 3 weeks. The medical provider's PR-2 of 06/26/2014 reports chiropractic treatment had helped reduce headaches and neck pain. The number of chiropractic treatments completed and measured response to care were not reported. Difficult to decipher handwritten chart notes, appearing to be consistent with chiropractic records, indicate the patient treated on 12 sessions from 03/10/2014 through 08/05/2014. These documents utilize a combination of checklist style and essentially illegible handwritten script and do not report patient history or measured objective factors. This review is regarding medical necessity for 6 chiropractic treatments to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro treatment x6 sessions, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): pages 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The request for 6 chiropractic visits for the cervical spine is not supported to be medically necessary. The MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 6 additional sessions of chiropractic care exceeds ODG recommendations and is not supported to be medically necessary.