

Case Number:	CM14-0165391		
Date Assigned:	10/10/2014	Date of Injury:	08/15/2010
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 patient is a 65-year-old male born on [REDACTED]. On 08/15/2010, while performing his usual and customary job duties as a detention officer, he witnessed a detainee becoming increasingly irritated, looking at him to rush him. The patient moved away as to not provoke the detainee, and as he placed paperwork on a shelf, the detainee yelled at him, charged him and struck him several times injuring his neck, low back and left shoulder. The patient presented for orthopedic re-evaluation on 07/25/2014 with 4-6/10 neck and shoulder pain, and 8-9/10 low back pain without medication or therapy, and neck and shoulder pain reduced to 3/10 and low back pain reduced to 6-7 with medications only. The patient had received a lumbar ESI in the past with good pain relief. Examination of the cervical spine revealed point tenderness to palpation over the left paraspinal muscles and decreased range of motion particularly with lateral flexion. Examination of the shoulder revealed no tenderness to palpation with pain noted on active and passive extension of the shoulder. Lumbar spine examination revealed muscular guarding associated with tenderness to palpation over the bilateral paravertebral muscles and straight leg test positive bilaterally at 40. Diagnoses were reported as cephalgia (784.0), cervical spine herniated nucleus pulposus (722.0), lumbar spine herniated nucleus pulposus (722.10), left shoulder impingement syndrome (726.2), and history of hypertension. The patient's condition was previously rendered permanent and stationary. The patient presented for medical care on 08/28/2014 with 7/10 neck pain, 8/10 low back pain, and 5/10 left shoulder pain. On examination there was tenderness to the cervical spine with + Spurling's test and + distraction test; there was tenderness to the lumbar with end ROM pain; and tenderness to the left shoulder with restricted ROM and + left impingement sign. The patient was diagnosed with cervical discogenic pain, left shoulder impingement syndrome, lumbar discogenic pain, and myospasm. The medical provider recommended chiropractic care at a frequency of 1 time per week for 4 weeks but did not specify

treatment procedures or anatomic structures to be treated. A 08/29/2014 Form RFA requested authorization for chiropractic care at a frequency of 1 time per week for 4 weeks in the treatment of cervical discogenic disease. A 2nd 08/29/2014 Form RFA requested authorization for chiropractic care at a frequency of 13 times per week for 4 weeks in the treatment of cervical discogenic disease. Form RFA of 09/18/2014 requested authorization for chiropractic care at a frequency of 3 times per week for 4 weeks in the treatment of cervical discogenic disease. This review is regarding medical necessity of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for chiropractic treatment to the cervical spine is not supported to be medically necessary. The submitted documentation is inadequate to determine if the request for chiropractic care is regarding an initial course of care or if the request is regarding additional care. Regardless of whether the request is for an initial course of 4 weeks of chiropractic care or 4 weeks of additional care, the request for 4 weeks of chiropractic care is not supported to be medically necessary. On 08/28/2014 the medical provider recommended chiropractic care at a frequency of 1 time per week for 4 weeks but did not specify if care was for an initial course of care or was for additional care, and treatment procedures and anatomic structures to be treated were not reported. A 08/29/2014 Form RFA requested authorization for chiropractic care at a frequency of 1 time per week for 4 weeks in the treatment of cervical discogenic disease. A 2nd 08/29/2014 Form RFA requested authorization for chiropractic care at a frequency of 13 times per week for 4 weeks in the treatment of cervical discogenic disease. Form RFA of 09/18/2014 requested authorization for chiropractic care at a frequency of 3 times per week for 4 weeks in the treatment of cervical discogenic disease. 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. MTUS does not report recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, regarding manual therapy and manipulation MTUS is not applicable to treatment of the cervical spine, and ODG will be referenced. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. If the request is for an initial 4-week course of care, it exceeds guidelines duration recommendations and is not supported to be medically necessary. The request for 4 weeks of

chiropractic care exceeds ODG recommendations of an initial trial of 2-3 weeks and is not supported to be medically necessary. If the request is for an additional 4-week course of care, it is not supported to be medically necessary. The submitted documentation does not provide evidence of objective functional improvement with past chiropractic care possibly rendered, evidence of acute exacerbation after having received benefit from prior care, or evidence of a new condition; therefore, ODG does not support medical necessity for additional chiropractic treatment sessions to the patient's cervical spine.