

Case Number:	CM14-0095366		
Date Assigned:	07/25/2014	Date of Injury:	02/26/2013
Decision Date:	10/17/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation 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:

This 64 year-old patient sustained an injury on 2/26/13 while employed by [REDACTED]. The request under consideration is 6 additional chiropractic treatment/ physiotherapy for cervical and thoracic spine. The diagnosis is neck sprain. Conservative care has included medications, H-wave unit, therapy, cervical epidural steroid injections (1/14/14 without improvement), chiropractic treatment (total of 88 visits between February 2013 and June 2014), and modified activities/rest. Medications include Flexeril, Tramadol, and Terocin patch. MRI of cervical spine dated 4/4/13 showed multilevel disc protrusion and desiccation abutting cord with mild neural foraminal narrowing and stenosis. EMG/NCS of bilateral upper extremity dated 6/17/13 showed no evidence of cervical radiculopathy, plexopathy, myopathy or peripheral neuropathy. Report of 5/21/14 from the provider noted patient with chronic bilateral shoulder and neck symptoms. Exam showed limited cervical range of rotation left/right 70/72 degrees; sensory loss at C5-6 bilaterally. Diagnoses include cervical and CADS injury; thoracic sprain/strain; and cervicothoracic subluxation. Treatment included additional therapy. The request for 6 additional chiropractic treatment/physiotherapy for cervical and thoracic spine was non-certified on 6/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional chiropractic treatments/physiotherapy for cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury with continued recommendation upon identified improvements. It appears the patient has received at least 88 sessions. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The 6 additional chiropractic treatment/ physiotherapy for cervical and thoracic spine are not medically necessary and appropriate.