

Case Number:	CM15-0118882		
Date Assigned:	06/29/2015	Date of Injury:	08/26/2008
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 8/26/08. The injured worker has complaints of neck pain radiating left upper extremity numbness and tingling. The documentation noted mild palpable spasm left greater than right paraspinals. The diagnoses have included cervical multilevel degenerative disc disease with stenosis and C7 radiculopathy left upper extremity and left shoulder rotator cuff tendonitis, mild impingement. Treatment to date has included chiropractic treatment and acupuncture and magnetic resonance imaging (MRI) of the cervical spine on 10/9/08 showed moderate multilevel spondylosis of cervical spine, mild acquired central canal narrowing from C3-C6 and magnetic resonance imaging (MRI) from 6/13/11 revealed multilevel degenerative disc disease primarily from C3-C4 to C6- C7. The request was for chiropractic 2x3 for the cervical spine and acupuncture 2x3 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x3 for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, manipulation.

Decision rationale: The patient presents with pain affecting the neck with radiation to the left upper extremity. The current request is for Chiropractic 2x3 for the cervical spine. The treating physician report dated 4/7/15 (18B) states, "(The patient) is not interested in any surgical intervention, consultations or any injections. However, does note combination of chiropractic and acupuncture in the past some years ago noted to be helpful in combination, and as such, will request 2x3 visits for each for the cervical spine." The MTUS guidelines do not address chiropractic care for the neck. The ODG guidelines recommends up to 9 visits of chiropractic care as an option for neck pain but states the following: "However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." The medical records provided, show the patient has received prior chiropractic care previously, although it is unclear the quantity of sessions that were received. In this case, the patient has received an unknown quantity of chiropractic visits previously, therefore it is uncertain if the current request will exceed the 9 visits recommended by the ODG. Furthermore, documentation of functional improvement from previous chiropractic visits was not provided. The current request is not medically necessary.

Acupuncture 2x3 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain affecting the neck with radiation to the left upper extremity. The current request is for Acupuncture 2x3 for the cervical spine. The treating physician report dated 4/7/15 (18B) states, "(The patient) is not interested in any surgical intervention, consultations or any injections. However, does note combination of chiropractic and acupuncture in the past some years ago noted to be helpful in combination, and as such, will request 2x3 visits for each for the cervical spine." Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical records provided, show the patient has received prior acupuncture treatments previously, although it is unclear the quantity of sessions that were received. In this case, the patient has received an unknown quantity of acupuncture treatments previously, therefore it is uncertain if the current request will exceed the 3-6 visits recommended by the AMTG. Furthermore, documentation of functional improvement from previous acupuncture treatments was not provided. The current request is not medically necessary.