

Case Number:	CM15-0126843		
Date Assigned:	07/13/2015	Date of Injury:	09/06/2014
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Chiropractic

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 57 year old male sustained an industrial injury to the neck, back, left elbow, forearm and hand on 9/1/14. X-rays of the cervical spine (9/10/14) showed a thoracic convexity with reversed cervical curve in the lower cervical spine with anterior head translation. Magnetic resonance imaging cervical spine (10/3/14) showed disc bulge with central canal stenosis and cord compression and disc extrusion with recess stenosis and neural foraminal narrowing. Previous treatment included physical therapy, acupuncture, chiropractic therapy and medications. Documentation did not disclose the amount of previous therapy. In a request for authorization dated 6/11/15, the injured worker complained of constant right shoulder pain rated 6-9/10 on the visual analog scale, neck pain rated 1-5/10, intermittent middle back pain rated 5/10 and left hand tingling and numbness. The injured worker reported that he had been operating a bulldozer with repetitive hand and arm movements that led to a flare up of right shoulder symptoms. Physical exam was remarkable for right shoulder with decreased and painful range of motion, tenderness to palpation and positive Apprehension test and cervical spine with decreased range of motion, tenderness to palpation over the spinous process and paraspinal musculature with positive cervical compression test and trigger points in the right trapezius muscle. Current diagnoses included multilevel cervical disc syndrome and left arm cervical brachial syndrome. The physician noted that the injured worker was suffering from a flare up and recommended additional chiropractic therapy twice a week for three weeks 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 treatment 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for his cervical spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. For every progress note reviewed, under objective findings, the treating chiropractor reports "TTP CT with restrictions." There are no other objective measurements or findings to document the progress of the patient with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter also recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.