MAXIMUS Federal Services

Case Number:	CM15-0179639		
Date Assigned:	09/21/2015	Date of Injury:	12/05/2011
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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, Minnesota
Certification(s)/Specialty: Chiropractor

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 33 year old female, who sustained an industrial injury 12-5-11. The injured worker was diagnosed as having cervical disc herniation. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (9-12-13). Currently, the PR-2 notes dated 6-15-15 indicated the injured worker complains of continued sharp pain in her neck. She reports nothing is helping her. And the pain is there all the time. The provider documents she did undergo an MRI scan on 9-12-13 which revealed "multilevel disc bulging." He also documents "She has NEVER had chiropractic care and because of her continued pain I do believe she may benefit from this type of treatment. I am formally requesting care two times a week for a period of six weeks and formally requesting the patient be evaluated by [chiropractor named] for this treatment program." The provider documented his physical examination as: "Cervical Spine Range of Motion: flexion 25 degrees, extension 25 degrees, left rotation and right rotation 70 degrees each, left and right flexion 30 degrees each. There is 3 to 4+ bilateral paracervical spasm and tenderness, 3 to 4+ pain with range of motion. There is a positive compression test." His treatment plan includes the requested chiropractic care two times a week for six weeks and the injured worker will return in 4 weeks for a re-evaluation. A PR-2 note dated 8-10-15 is hand written and difficult to decipher. It appears to document the injured worker had "relief with chiro, having minimal pain and spasm when no treatment. Objective findings: decreased trapezius and rhomboid spasm, decreased tightness, positive Spurling's, [illegible]. Diagnosis: Cervical HNP." The treatment plan indicates additional chiropractic therapy and massage 12 visits. Notes prior to 6-115-15 indicate chiropractic therapy

had been denied up to this point. A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Chiropractic services with modalities and exercises 2 times a week for 6 weeks for cervical with submitted diagnosis of Cervical Herniated Nucleus Pulposus. Utilization Review denied the requested treatment for not meeting the CA MTUS and ODG Guidelines. Utilization Review states "the PR-2 form follow-up which is dated 8-10-15. He notes that she has some relief with chiropractic care. The rest of the PR-2 is difficult to read as it is handwritten. Objectively there appears to be a decreased in trapezius and rhomboid spasm and tightness. Spurling's test is positive. That is all that is legible. In summary, this claimant is over three-and half years status post injury. The mechanism of injury is unknown. The claimant has already had numerous types of treatment modalities including chiropractic treatment. The number of chiropractic treatment is unknown. To continue with chiropractic treatment and massage therapy at this late date would not be expected to produce any additional benefit. It is expected that this claimant would be transitioned to a Home Exercise Program and self-reliance at this point." The provider is requesting authorization of Chiropractic services with modalities and exercises 2 times a week for 6 weeks for cervical with submitted diagnosis of Cervical Herniated Nucleus Pulposus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with modalities and exercises 2 times a week for 6 weeks for cervical with submitted diagnosis of Cervical Herniated Nucleus Pulposus: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested Chiropractic services with modalities and exercises 2 times per week for 6 weeks or 12 visits for the cervical spine with diagnoses of Cervical Herniated Nucleus Pulposus. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.