

Case Number:	CM14-0140464		
Date Assigned:	09/10/2014	Date of Injury:	06/26/1992
Decision Date:	10/06/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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, has a subspecialty in Acupuncture, and is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant was a 62 year old female whom sustained a work related injury that occurred on June 26, 1992 while employed by [REDACTED]. There was no documentation indicating the mechanism of injury. Thus far treatment has consisted of 7 chiropractic treatments, electrical stimulation, myofascial release and heat therapy. Four additional treatments were requested to control a recent flare-up of cervical spinal pain. In review of a PR2 chiropractic report dated 3/1/14 four sessions of chiropractic treatment were requested to control a recent flare-up of cervical pain. There were continued subjective complaints of frequent neck and upper back pain and intermittent low back pain. The objective findings were indicated as reduced cervical ranges of motion with muscle tension on palpation of the cervical and thoracic spine was reduced. A treating diagnosis was given as: cervicocranial syndrome, cervicalgia and compression lumbosacral plexus. Upon review of PR-2 chiropractic report dated 7/29/14 four sessions of chiropractic treatment with physical therapy modalities was requested from 7/29/14-8/29/14. The request was for a flare-up of neck pain on the left at C1-T1, increasing pain for one week, constant moderate to severe pain. Objective findings demonstrated restricted cervical range of motion and muscle spasm of the left cervical spine. In a utilization review report dated 8/12/14, the reviewer determined four sessions of chiropractic manipulation and physical therapy modalities was non-certified. The applicant was experiencing a flare-up of neck pain. As per the CA MTUS guidelines regarding flare-ups there is a need to re-evaluate prior treatment success. The reviewer indicated a flare-up was reported on 3/31/14 and four chiropractic sessions were received from 3/31/14-5/9/14. With reports of the condition being alternately improved and deteriorated. The reviewer indicated that the current reported flare-up is less than 3 months following a recent course of treatment and current request for treatment is in excess of the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of chiropractic manipulation with physical therapy modalities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC 19th annual editions, Neck and Upper Back Manipulation

Decision rationale: Although, the MTUS Chronic Pain Medical Treatment Guidelines identify that manual therapy and manipulation would be recommended for chronic pain if caused by a musculoskeletal condition. The MTUS Chronic Pain Medical Treatment Guidelines do not address manual manipulation of the cervical spine. The guidelines refer to the lower back. As per the Official Disability Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary for a cervical strain/sprain recommends a trial of six visits over 2-3 weeks with documented functional improvement. And a total of up to 18 visits over 6-8 weeks, avoid chronicity. Upon review of multiple chiropractic soap notes dated 1/15/14-7/29/14 there has continued to be subjective complaints of bilateral posterior neck pain, continued hypertonicity in the cervical region, myofascial trigger points in the trapezius muscles. PR2 report dated 3/31/14 there was continued subjective complaints of neck, pain, reduced cervical ranges of motion with muscle tension as well as documentation that the applicant has become worse since the prior visit. There has been no change in the objective findings. The request in this point in time was for the decision for four sessions of chiropractic manipulation with physical therapy modalities is not medically necessary and appropriate. As per the medical records reviewed, on 4/21/14 and 5/9/14 listed under the section of subjective complaints there was indication of improvement in the posterior neck and upper back, please note the objective findings have not improved. There has not been any indication of any functional clinical objective demonstrative improvement. There was no documentation as to any specific increase in this applicant's activity of daily living with chiropractic treatment. There was no indication that this applicant achieved return to work. As per the ACOEM Guidelines, 2nd Edition, 2004 Chapter 8 neck and upper back complaints, page 173 indicates there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage diathermy, cutaneous laser treatment, ultrasound, TENS units, and biofeedback. These palliative tools may be used on a trial based but should be monitored closely. Emphasis should focus on functional restoration and return patients to activities of normal daily living. The medical records do not document improvement with physical modalities. Furthermore, it is clear that the treatments rendered did not cause any demonstrative objective functional improvement based upon continued unchanged examination findings. Therefore, this request is not medically necessary.