

Case Number:	CM13-0028553		
Date Assigned:	03/03/2014	Date of Injury:	08/06/1979
Decision Date:	04/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/25/2013

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 Occupational Medicine 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:

The patient is a 53 year old female who was injured on 08/06/1979. Mechanism of injury is unknown. She states she is unsure how the injury occurred. She has had pain in both hands off and on for many years which consist of pain in the right and left hands. Prior treatment history has included acupuncture, physical therapy and topical cream. Diagnostic studies reviewed include a nerve conduction study of bilateral upper extremities with the following findings: 1. The sensory peak and distal motor latencies of all nerves tested are not prolonged. 2. There is no drop in the amplitudes of the distal motor and sensory peak latencies of the bilateral upper extremity nerves examined. 3. Bilateral F waves are not prolonged. 4. There is no delay in the bilateral nerve conduction velocity studies, sensory and motor. An MRI of the cervical spine dated 09/05/2013 with the following impression: 1. Nonspecific straightening of the normal cervical lordosis, query strain versus secondary to spondylotic changes as described above. Recommend clinical correlation. 2. C2-C3: 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 3. C3-C4: Moderate to severe bilateral neural foraminal narrowing and mild canal stenosis secondary to 2-3, posterior disc bulge and uncovertebral osteophyte formation. Bilateral exiting nerve root compromise is seen. 4. C4-C5: Moderate to severe right and mild left neural foraminal narrowing and mild canal stenosis secondary to 1-2 mm posterior disc bulge and uncovertebral osteophyte formation. Bilateral exiting nerve root compromise is seen. 5. C5-C6: Severe right and moderate to severe left neural foraminal narrowing and mild canal stenosis secondary to 3 mm posterior disc bulge and uncovertebral osteophyte formation. Bilateral exiting nerve root compromise is seen. PR-2 dated 09/16/2013 documented the patient to have complaints of constant dull aching and stiffness not improved. Soreness in both hands and neck pain is worsening. Objective findings on exam included ROM: flexion 30 degrees, extension 20 degrees, left rotation 40 degrees. There was

marked soreness on palpation of C4-T4 paravertebrals. Diagnosis: Cervical radiculitis and cervical sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC CARE BETWEEN 9/3/2013 AND 11/2/2013: 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 Page(s): 58-59.

Decision rationale: According to the 9/16/2013 PR-2, the patient has complaints of constant dull aching and stiffness that is not improved, with worsening neck pain. Examination reveals limited cervical Range of Motion (ROM) and paravertebral tenderness. The medical records do not indicate chiropractic care has been tried. Based on the reported complaints and objective examination findings, it would be reasonable to trial chiropractic care. The guidelines state the time to produce effect is 4 to 6 treatments. Additional visits require detailed assessment of the patient's response to the initial trial. However, the request of 12 sessions is not supported by the guidelines. Therefore, request for 12 chiropractic sessions is non-certified.

One (1) MRI OF THE CERVICAL SPINE BETWEEN 9/3/2013 AND 11/2/2013:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient has chronic neck pain with left upper extremity radicular pain and failure of conservative care and observation. Therefore, cervical MRI is medically necessary and is certified.