

Case Number:	CM13-0037019		
Date Assigned:	12/13/2013	Date of Injury:	11/13/2012
Decision Date:	06/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/22/2013

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 licensed in Chiropractics 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 45 year old female who sustained an injury to her neck on 11/13/2012. Mechanism of injury has not been provided in the records. The PTP's progress report states "The physical findings do note this patient has continually had cervical spine pain on ranges of motion. She has tenderness about the right paraspinous column. There is decrease of motor strength on the right side as that compared to the left and there is sensory deficit of C5, C6, C7, C8 and T1." The patient has been treated with medications, home exercise program, acupuncture and physical therapy. MRI and/or NCV/EMG studies have not been performed in this case. X-Ray studies have shown osteophyte formation and loss of disc height at C3, C4 and C5. The diagnoses assigned by the PTP are musculoligamentous injury cervical, rule out herniated nucleus pulposus cervical, rule out cervical radiculitis. The PTP is requesting an initial trial of 8 sessions of chiropractic care to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 2 X 4: Overturned

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 and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back Chapter, Manipulation Section.

Decision rationale: This patient suffers from injury to her neck with nerve root compression and radiculopathy. The patient has never received chiropractic care for this injury per the records provided for review. California MTUS Chronic Pain Medical Treatment Guidelines p. 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The same section also states that manipulation is "recommended as an option." The ODG Neck and Upper Back Chapter, recommends an initial trial of chiropractic care for cervical nerve root compression with radiculopathy: "Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care." Given that this is a trial of chiropractic care and as indicated by California MTUS the request for 8 chiropractic sessions is medically necessary and appropriate.