

Case Number:	CM13-0038825		
Date Assigned:	12/18/2013	Date of Injury:	03/20/2012
Decision Date:	02/28/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 a Chiropractor, has a subspecialty is Chiropractic Sports 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 injured worker is a 31 year old male who reported neck pain that was caused during a ladder training drill as a firefighter on 3/20/12. In addition to neck pain, the patient also suffered from radicular symptoms to the upper extremity. He has been treated conservatively with Chiropractic manipulation, acupuncture, injections and physical therapy. No work restrictions have been given as he is currently out of work. MRI of the Cervical Spine 7/10/2012 revealed: Mild central stenosis at C3-C4 and C5-C6 with mild right foraminal stenosis. MRI of the Cervical Spine 5/9/2013 revealed: C3-C4 HNP and foraminal stenosis with C4 radiculopathy with evidence of compression of the nerve root. CT of the Cervical Spine 12/12/2013 without contrast: 1) Degenerative disc disease with anterolisthesis C2-C3, Retrolisthesis C5-C6. 2) Canal stenosis includes C4-C5 and C5-C6 mild canal stenosis. 3) Neural foraminal narrowing includes C3-C4 moderate left mild right neural foraminal narrowing without evidence for prevertebral soft tissue swelling or compression deformity. Electro diagnostic studies of the right Elbow 2/8/2013: Right ulnar neuropathy at the elbow. The medical doctor requested 8 Chiropractic visits on 9/23/2013. UR authorized 6 visits 9/23/2013 to 11/4/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, eight (8) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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. Manipulation of the low back is recommended as an option. Therapeutic care/trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Eight visits of chiropractic is not recommended according to the MTUS guidelines (6 visits over 2 weeks with objective measurable findings to obtain more care). For further treatment a medical reviewer would need to see objective measurable gains if possible, given this patient's documented dependency on pharmaceutical substances.