

Case Number:	CM13-0042408		
Date Assigned:	12/27/2013	Date of Injury:	10/11/2011
Decision Date:	04/24/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 62 year-old female with a date of injury of 10/11/2011. The listed diagnoses per [REDACTED] are cervical radiculitis, psych diagnosis, chronic myofascial dysfunction and multi-level cervical disc protrusion. According to report dated 09/03/2013 by [REDACTED], the patient presents with continued pain in the neck that radiates to her arms. Patient also had occipital headaches. She has had chiropractic treatments for the cervical pain and is making progress. Examination of the cervical spine revealed positive myofascial trigger at C5-, C6 and C7 with decreased sensation in the left arm. The patient has positive radiculopathy at C7/8 as shown on EMG/NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC TREATMENT TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Suffering, and the Restoration Of Function.

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

Decision rationale: The patient presents with continued pain in the neck that radiates to her arms. The report dated 09/30/2013 indicates patient has had "about 70% improvement under the chiropractic treatment." The provider is requesting 6 additional chiropractic sessions. The medical records dating back to early 2012 make reference to chiropractic care. However, the exact number of treatments and when they were received is not clear as the chiropractic reports are not provided for review. The utilization review dated 09/17/2013 does state the patient has had 11 treatments to date. The California MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the provider does state patient received 70% improvement with chiropractic care. However, there is no documentation of significant functional improvement, return to work plan and no documentation regarding medication reduction/reliance on other treatments. A review of the reports from 4/24/13 to 9/3/13 shows that the patient continues to struggle with persistent pain. Recommendation is for denial.