

Case Number:	CM13-0047734		
Date Assigned:	12/27/2013	Date of Injury:	06/23/2003
Decision Date:	04/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 Chiropractic 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 male who injured his neck and lower back on 4/5/2013 as a result of striking his head on a desk, per the primary treating physician's report. Per the PTP's report the subjective complaint are listed as "pain in the low back with constant numbness in the right leg. The week of 4/21/13 the radicular pain into right leg became constant with pain radiating up into right flank. He notices right scrotal tingling. The neck pain is very mild but he wakes up in the morning with tingling down the right arm. This tingling goes down to the right index finger area." Patient has been treated with medications and physical therapy. Diagnoses assigned by the PTP are listed as lumbar radiculopathy, low back pain sciatica and cervical radiculopathy. An MRI study of the cervical spine, per QME report, has shown "C5-6 moderate annular disc bulge associated with one third canal stenosis and also uncovertebral over growth with grade of one third foraminal stenosis. There are no MRI studies of the low back. CT scan of the brain has been negative. EMG/NCV studies performed showed bilateral median neuropathy as well as ulnar neuropathy at the right elbow for the upper extremities and right S1 lumbosacral neuropathy for the lower extremity. The PTP is requesting a trial of 8 chiropractic sessions to the neck and low back to include manipulation, myofascial mobilization, adjunctive therapy and therapeutic exercises. This is a denied claim by the carrier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments, including manipulation, myofascial therapy, adjunctive therapy and therapeutic exercises (8 Sessions): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back Chapters, Manipulation.

Decision rationale: The patient has been evaluated by a chiropractor, however chiropractic care has not been rendered in this denied case. The QME has rendered the opinion that chiropractic care is indicated per MTUS Guidelines. MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Neck and Low Back Chapters recommends a trial of 6 visits over 2 weeks. The trial of 8 chiropractic sessions to the neck and low back to include manipulation, myofascial mobilization, adjunctive therapy and therapeutic exercises are medically necessary and appropriate.