

Case Number:	CM13-0057624		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2011
Decision Date:	05/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/25/2013

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 [REDACTED] employee who has filed a claim for cervical disc degeneration associated with an industry injury of January 10, 2011. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, TENS, cold, heat, exercises, physical therapy to the cervical spine in 2011, 12 sessions of chiropractic therapy in 2011, and physical therapy to the lumbar spine. Patient is status post left shoulder subacromial decompression surgery in February 2013 with significant improvement. In a utilization review report of November 20, 2013, the claims administrator denied a request for MRI of the cervical spine as there is no documentation of objective neurological compromise, and chiropractic therapy 3x4 for the cervical spine as patient noted that previous chiropractic therapy was only marginally beneficial. Review of progress note from December 2013 indicates neck pain with diffuse tenderness without any neurological findings. There is mention of neck pain radiating to both upper extremities with numbness and paresthesias for two and a half years in September 2013 with subsequent EMG of the upper extremities, which was an essentially normal study. Patient is also on psychological treatment for post-traumatic stress disorder and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE, WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The latest note indicates ruling out cervical disc injury however without mention of any symptoms or physical findings to corroborate any neurological compromise that would support this procedure. Recent EMG of upper extremities was also normal. Therefore, the request for MRI of the cervical spine was not medically necessary per the guideline recommendations of MTUS were not met.

CHIROPRACTIC 3 TIMES 4, CERVICAL SPINE:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In this case, latest progress report notes that recent chiropractic therapy was marginally beneficial. There is no documentation describing these sessions and as it was reported to only be marginally beneficial, it is unclear as to why this therapy is to be continued. Therefore, the request for chiropractic therapy to the cervical spine was not medically necessary per the guideline recommendations of MTUS and ODG were not met.