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| Case Number: | CM13-0059037 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/09/2012 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 Texas. 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 47-year-old female who reported an injury on 5/9/12. The mechanism of injury was cumulative trauma. The injured worker was diagnosed with heel neuritis, nerve pain/cervicalgia, and acute low back pain. The injured worker received a course of physical therapy, injections, acupuncture, and, more recently, chiropractic care. The injured worker received an EMG/NCV of the bilateral upper extremities on 1/7/13. This study revealed no abnormalities. The injured worker also received an MRI of the cervical spine on 5/3/13. This study revealed mild degenerative bone and disc changes in the mid and lower cervical spine with a 1-2mm central disc bulge at C3-4, C4-5, and C5-6. These disc bulges mildly encroached the thecal sac, but not the spinal cord. The clinical note dated 10/28/13 noted that the injured worker had minimal cervical range of motion deficits, intact motor strength and sensation, and intact reflexes of the bilateral upper extremities. The injured worker reported improvements with the acupuncture and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC THERAPY VISITS FOR THE CERVICAL SPINE,:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM guidelines recommend chiropractic treatment for patients experiencing pain related to musculoskeletal conditions. However, the California guidelines do not specifically address manipulation of the cervical spine; therefore, the Official Disability Guidelines were supplemented. The Official Disability Guidelines recommend up to 9 visits over 8 weeks to treat regional neck pain. According to the records submitted for review, the injured worker had completed 12 sessions of chiropractic treatment, already exceeding guideline recommendations of 9 sessions. Furthermore, there were no chiropractic notes submitted for review that detailed the injured worker's objective improvements. As the injured worker has already exceeded the recommended visits, additional therapy is not indicated at this time. As such, the request is non-certified.