

Case Number:	CM13-0060963		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2013
Decision Date:	08/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 Emergency 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 injured worker is a 39 year-old female, who sustained an injury on August 27, 2013. The mechanism of injury occurred from cumulative trauma due to repetitive use of her arms and hands moving heavy furniture and towels. Diagnostics have included a cervical spine MRI which was reported as showing disc protrusions at C3-4 and C5-6 and C6-7, with some spinal stenosis. Treatments have included chiropractic, acupuncture, psychologic evaluation, cognitive behavior therapy, medications. The current diagnoses are cervicalgia, cervical strain/sprain, lateral epicondylitis, anxiety syndrome, depression. Per the most recent report dated October 7, 2013, the treating physician noted that the injured worker complained of neck pain and weakness to the right elbow. Exam showed muscle spasms and edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE CERVICAL SPINE: 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): 178-179.

Decision rationale: The ACOEM Guidelines recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has neck pain. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, an MRI of the cervical spine is not medically necessary.

FOUR CHIROPRACTIC VISITS: 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): 58-60.

Decision rationale: The MTUS Chronic Pain Guidelines recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has neck pain. The treating physician has not documented objective evidence of derived functional benefit from 9 completed chiropractic sessions. The criteria noted above not having been met, four chiropractic visits are not medically necessary.