

Case Number:	CM13-0061829		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2008
Decision Date:	03/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 64 year old male who sustained repetitive strain injuries to his neck, left knee and low back on 10/24/2008 while performing his tasks as a food manufacturing company employee. The AME report available for review identifies the mechanism of injury was reaching over while seated and pulling a heavy box containing metal parts. Symptoms reported are constant neck pain with radiating pain into both arms, mid and lower back pain, and bilateral knee pains. The patient has been treated with medications, epidural injections and physical therapy for his cervical spine complaints. An X-Ray of the cervical spine has shown straightening of the lordosis and mild degenerative changes at C4/C5 and C5/C6. An MRI of the cervical spine revealed central spinal stenosis at C3/C4, C4/C5, C5/C6 with disc bulges at C3/C4 and C4/C5. Diagnoses assigned are cervical sprain/strain with bilateral upper extremity radiculitis and disc bulges at C3/C4, C4/C5 and C5/C6.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 6 sessions of Chiropractic manipulation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Manipulation section

Decision rationale: The medical records provided do not show any evidence of prior chiropractic care. The MTUS Chronic Pain Guidelines state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The same section also states that manipulation is "recommended as an option." For regional cervical nerve root compression with radiculopathy, the Official Disability Guidelines recommend a "trial of 6 visits over 2-3 weeks." Considering this to be the initial trial of chiropractic care for this patient, the request is medically necessary and appropriate.