

Case Number:	CM13-0064423		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2010
Decision Date:	05/22/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Surgery 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 claimant is a 41-year-old gentleman injured on October 21, 2010. An October 22, 2013, follow-up report indicates continued thoracic and neck symptoms after activity. The records state the claimant is frustrated by his continued condition. Physical examination showed dermatomal dysesthesia to the upper extremities with positive cervical compression and shoulder depression testing. There was noted to be a hyperemic red reflex following deep digital palpation at the C7, T3 and T6 levels. The claimant was diagnosed with cervical and thoracic sprain/subluxation with neuromechanical dysfunction. The reviewed medical records did not document prior surgery. The reports of cervical radiographs including flexion and extension views demonstrated motion restrictions from level C3 through C7. Reports of thoracic radiographs demonstrated intersegmental rotation between level T4 and T7. This request is for treatment with a three-day fibrosis release procedure, manipulation under anesthesia to the cervical and thoracic spine and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 DAY FIBROSIS RELEASE PROCEDURES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-75.

Decision rationale: Based on the California ACOEM Guidelines, the three-day fibrosis release procedure would not be indicated. The ACOEM guidelines do not distinguish between needle procedures or manipulative techniques. The ACOEM in regards to invasive techniques, whether it is needle procedures or manipulative procedures, state that there is insufficient evidence to support their acute use. In this case, the reviewed records do not document demonstrate specific imaging or clinical findings to describe the claimant's clinical picture to fully confirm a diagnosis that would be supportive of the above mentioned procedure. The specific request in this case would not be indicated.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearing House (NGC), <http://www.guideline.gov/content.aspx?id=38289>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

Decision rationale: The requested manipulation under anesthesia to the cervical and thoracic spine is not established as medically necessary in this case. Therefore, the request for medical clearance is not medically necessary.

MANIPULATION UNDER ANESTHESIA CERVICAL, THORACIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The California ACOEM guidelines would not support an acute manipulation under anesthesia to the thoracic and cervical spine. The ACOEM guidelines state that cervical manipulation may be used as a second-line option for cervicogenic headaches. The submitted records for review, in this case, do not reference a diagnosis of cervicogenic headache. Therefore, this request is not indicated as medically necessary.