MAXIMUS Federal Services

Case Number:	CM13-0064725		
Date Assigned:	01/03/2014	Date of Injury:	05/09/2012
Decision Date:	04/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Spine 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 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 54-year-old male who reported an injury on 05/09/2012. The patient has been diagnosed with bilateral carpal tunnel syndrome per NCS, mild left ulnar neuropathy per NCS, complaints of depression, cervical disc herniation of the C5-6 level, complaints of headaches, complaints of short-term memory problems, head contusion, and status post closed head trauma with post concussive syndrome per neurologist. The patient was reportedly injured when he was asked by a supervisor to put away 2 folding tables in the storage area using a hand dolly whereupon the tables began to fall, and which hit the patient in the head and neck with 1 of the metal rims. After undergoing a CT scan of the brain and an MRI of the spine, the patient was referred to physical therapy, which he stated helped him. His symptoms had decreased and he was returning back to work. However, he suffered from decreased focusing, concentration, wordfinding difficulties and frequent headaches. The patient was seen on 10/18/2013 with complaints of constant neck stiffness, which was increased with driving, and increased neck pain that radiates into his left elbow, wrist on the left, and associated with tingling in the left arm. Exam of the cervical spine noted mild occipital notch tenderness bilaterally, with paravertebral muscle tenderness on the left, and range of motion of the cervical spine normal. The patient was most recently seen on 11/04/2013 whereupon it was noted that he had intact and symmetrical biceps and triceps reflexes, negative Babinski and Hoffman signs, with dermatome sensory normal to soft touch and pin wheel test from the C2-T1, with nerve root testing from C1 to T1, all normal with muscle groups testing at a rate of 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the cervical spine (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Patients are recommended for a trial of 6 visits over 2 weeks for therapeutic care, whereupon, with evidence of objective functional improvement, patients can have a total of up to 18 visits over 6 to 8 weeks. In the case of this patient, on the documentation dated 11/04/2013, the plan of care listed the patient as having been authorized for a cervical epidural steroid injection, which was pending scheduling. Although both services are likely to benefit the patient in reducing his discomfort, it is unclear as to why the physician is recommending both at the same time without finding out if the epidural steroid injection is beneficial in reducing his discomfort prior to requesting an additional service. Therefore, at this time, although the patient meets guideline criteria for manual therapy and manipulation, without having a thorough rationale for the physician requesting two different services for the cervical spine, the request cannot be supported. As such, the requested service is noncertified