

Case Number:	CM13-0066436		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2013
Decision Date:	05/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation 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 71-year-old male who reported an injury on 06/27/2013 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his neck and shoulder. The injured worker was evaluated on 09/05/2013. It was documented that the injured worker's treatment history included chiropractic care and physical therapy. Physical findings included tenderness to palpation of the cervical spine with a positive compression test and myospasm noted in the bilateral trapezius muscles. It was documented that the injured worker had reduced range of motion secondary to pain. The injured worker's diagnoses included whiplash-induced cervical spine sprain/strain, thoracic spine sprain/strain, whiplash-associated disorder, and bilateral TMJ disorder. The injured worker's treatment plan included continuation of chiropractic care and physiotherapy. A request was made for x-rays of the cervical spine and use of a TENS unit. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker continued to have 5/10 cervical spine pain. The injured worker's treatment recommendations indicate acupuncture of the spine and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC PHYSICAL THERAPY TO THE NECK AND THORACIC SPINE 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy. Therefore, the injured worker should be well-versed in a home exercise program. Additionally, California MTUS only recommends up to 8 to 10 visits for myofascial and radicular pain. The requested 12 additional visits in combination with the physical therapy that the injured worker has already participated in would be considered excessive. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for outpatient chiropractic physical therapy to the neck and thoracic spine three times a week for four weeks is not medically necessary and appropriate.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM guidelines recommend an MRI of the cervical spine when there is clear indication of neurological deficits. The clinical documentation submitted for review does not clearly identify any neurological deficits that would require further diagnostic studies. The request for a MRI of the cervical spine is not medically necessary and appropriate.

EMG OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM guidelines recommend electrodiagnostic studies when a more precise delineation of radicular symptoms is required to determine treatment. The clinical documentation submitted for review does not clearly identify any neurological deficits that would benefit from this type of study. The request for EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.

NCV OF THE BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM guidelines recommend electrodiagnostic studies when a more precise delineation of radicular symptoms is required to determine treatment. The clinical documentation submitted for review does not clearly identify any neurological deficits that would benefit from this type of study. The request for EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.