

Case Number:	CM14-0011634		
Date Assigned:	04/18/2014	Date of Injury:	10/25/2006
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 63-year-old female who reported an injury on 10/25/2006. Current diagnoses include displacement of intervertebral disc of an unspecified site without myelopathy, brachial plexus lesion, seizure disorder, and cervical spinal stenosis. The injured worker was evaluated on 12/18/2013. The injured worker reported persistent cervical spine pain with radiation into the right upper extremity and shoulder area. Physical examination revealed subluxation at the right costosternal joint, limited range of motion, clavicle hypertonicity, positive Phalen's testing on the right, positive Halstead maneuver on the right, positive Roos' testing, positive Jackson compression testing, hypoesthesia in the C7-8 dermatome on the right, positive finger to nose testing on the left, moderate tenderness of the cervical musculature, and spasm. Treatment recommendations included 4 additional chiropractic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE/PROSPECTIVE CHIROPRACTIC SESSIONS (CERVICAL, THORACIC, WRISTS) 4 VISITS OVER 4 TO 6 WEEKS STARTING AND INCLUDING VISIT DATE 12/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Manual Therapy & Manipulation.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. As per the documentation submitted, the injured worker has participated in chiropractic therapy. However, there is no evidence of objective functional improvement. The total amount of chiropractic sessions completed to date is unknown. Additionally, California MTUS Guidelines do not recommend manual therapy and manipulation for the forearm, wrist, and hand. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary. .

ACUPUNCTURE SESSIONS (CERVICAL, THORACIC, WRISTS) 1 TIME A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. As per the documentation submitted, the injured worker has previously participated in acupuncture treatment. The total amount of sessions completed to date is unknown. There is no evidence of objective functional improvement. Based on the clinical informatino received, the request is not medically necessary.