

Case Number:	CM14-0015675		
Date Assigned:	03/03/2014	Date of Injury:	12/05/2011
Decision Date:	07/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine, 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 patient is a 31-year-old who has submitted a claim for neck sprain and strain associated with an industrial injury date of December 5, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent neck pain and low back pain. Physical examination revealed tenderness over the trapezius and rhomboid muscles. Spurling's test was positive. There was noted pain with neck flexion. Cervical spine range of motion was decreased because of pain. Treatment to date has included lumbar spine surgery and medications. Utilization review from January 30, 2014 denied the request for twelve initial chiropractic treatments for the cervical spine, two times a week for 6 weeks as an outpatient because comprehensive examination was not provided and there was no rationale for suggesting initial chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial chiropractic treatments for the cervical spine, twice weekly for six weeks, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Online, Cervical and Thoracic Spine Chapter, Table 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 9792.24.2, Manual Therapy & Manipulation Page(s): 58.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, cervical manipulation may be an option for patients with neck pain or cervicogenic headache but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, guidelines support a trial of six visits and with evidence of objective functional improvement, up to a total of eighteen visits. In this case, the patient has not had previous chiropractic treatment. A recent medical record dated March 5, 2014 stated that patient did not have evidence of radiculopathy and that she had no symptoms in the neck or upper extremities. The report also indicated that the neck treatment previously requested should be denied based on the current QME report. Medical reports provided are inconsistent and conflicting. A comprehensive neck examination is likewise not present in the records. Furthermore, the current request exceeds guideline recommendations of 6 trial visits. Additional information is necessary before an evaluation for a trial of chiropractic treatments can be done. Therefore, the request for initial chiropractic treatments for the cervical spine, twice weekly for six weeks, as an outpatient, is not medically necessary or appropriate.