

Case Number:	CM14-0019063		
Date Assigned:	04/23/2014	Date of Injury:	12/25/2012
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 Geriatrics and is licensed to practice in New York. 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 39 year old woman with a date of injury of 12/25/12. She was seen by her primary treating physician on 1/27/14 for reevaluation. She has had recurrent neck and shoulder pain especially in the upper cervical spine with some paresthesias in the temporal area. Past consultations did not diagnose significant cervical pathology. She was able to work full duty and has been seeing a chiropractor once weekly with some relief. She was not taking medications. Physical exam showed tenderness in the upper cervical paraspinals and she tolerated full extension 'fairly well'. Motor exam in the upper extremities was normal and sensation intact. Prior imaging showed a normal cervical MRI. Diagnosis was chronic cervicgia with no evidence of radiculopathy. She is status post physical therapy with no relief and chiropractic intervention was requested which is at issue in this review along with a lightweight helmet to help prevent stress in the affected area. She was to remain on full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS TO THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this case, the employee already chiropractic care occurring and she is status post physical therapy. She is able to work full duty so it is not clear what gains in functional improvement could be made. Therefore, the request for chiropractic treatments to the neck is not medically necessary and appropriate.

LIGHT WEIGHT HELMET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-168.

Decision rationale: The patient is a fire fighter and the request is for a light weight helmet to prevent stress on the affected area. A helmet is not a medical therapy and with a normal MRI and normal motor and sensory exam, it is not clear what will be the benefit of a light weight helmet. Therefore, the request for light weight helmet is not medically necessary and appropriate.