

Case Number:	CM14-0112160		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2003
Decision Date:	09/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 female who was reportedly injured on May 1, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 26, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated decreased range of motion of the lumbar spine with pain. There were spasms noted along the lower back and cervical spine. Neurological examination indicated decreased sensation at the bilateral C5, C6, and C6 dermatomes as well as the bilateral L4, L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care and physical therapy. A request was made for a chiropractic consultation and a follow-up with a neurologist and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Consultation for the Neck and Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Guidelines: Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: According to the medical record the injured employee has had previous chiropractic treatment which only resulted in temporary relief. Considering this, additional chiropractic treatment is not medically necessary.

Follow-Up with a Neurologist for the Neck and Lumbar - Unspecified number of visits:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Guidelines: Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: It is unclear from this request and the supplied medical records if the injured employee has previously been seen by neurologist or not. Furthermore there is no documentation regarding studies for a neurological workup to include a magnetic resonance image of the cervical spine, lumbar spine, or nerve conduction studies. For these reasons, this request for a follow-up with a neurologist for the neck and lumbar spine is not medically necessary.