MAXIMUS Federal Services

Case Number:	CM14-0114467		
Date Assigned:	08/06/2014	Date of Injury:	01/21/2014
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 a licensed Chiropractor 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:

Upon review of the medical records the applicant is a 31 year old male who sustained an industrial injury that occurred on January 21, 2014 while employed by [redacted] as a splicer technician. He stepped in a pothole with his left foot, lost his balance and fell down a hill. He injured his neck, right shoulder, right arm, right hand, left knee and left ankle. An MRI of the cervical spine was obtained. The records indicate the applicant was off work from January 30, 2014 until April 14, 2014. He was terminated by his employer. There is a past medical history significant for a motor vehicle accident that occurred in 2010 sustaining an injury to his neck, where he received 3-4 months of treatment with resolution. Thus far, treatment has consisted of medications, acupuncture, physical therapy and modalities. As per an examination report dated 3/26/14, it was indicated that the applicant has seen a private chiropractor on one occasion to help move his neck. There was cervical spinal tenderness about the right superior trapezius with muscle spasm and cervical compression increases cervical complaints. Upon review of an orthopedic spine surgical evaluation dated 7/23/14 the applicant presented with subjective complaints of pain from the neck into the shoulders. He has tingling into the arms with numbness in the right hand and thumb. He has low back pain with numbness in the left leg and big toe, left ankle pain and left knee pain. The pain is rated an 8/10. The pain increases with lifting, carrying and working on a computer. Examination of the cervical spinal region revealed normal upper extremity sensation from C5-T1, upper extremity reflexes were +2/2 bilaterally with the exception of right triceps reflex was +1. Upper extremity motor examination was normal and graded 5/5 bilaterally from C5-T1 with the exception of right C7 was graded a 4/5. MRI of the cervical spine demonstrated disc herniation C6/7, disc degeneration and dorsal disc spur complexes from C3-4 through C6-7. Associated spinal stenosis. Multi-level vertebral compressions on the cord most evidence at C6/7 where there is associated cord edema or

malacia. No syrinx. 4/25/14 X-rays of the cervical spine were negative. The diagnosis was given as cervical strain and cervical disc herniation C6/7. A trial of physical therapy was initiated. Naproxen, Tramadol and Norflex was recommended. In a utilization review dated July 16, 2014 the reviewer determined additional chiropractic treatment three times per week for three weeks to the cervical spine was not certified. No further information with regards to the non-certification was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatments 3 x 3 for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC-19th annual edition, Neck and Upper Back Manpulation.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines-chapter manual therapy and manipulation do not address chiropractic treatment to the cervical spine. As per the ODG Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary recommends a trial of six visits over 2-3 weeks with documented functional improvement. And a total of up to 18 visits over 6-8 weeks, to avoid chronicity. The medical records indicate a trial of physical therapy and acupuncture treatment has been received. It is unknown the number of chiropractic sessions received to date and if so, there was no indication as to the applicant's response to the treatment. The requested additional chiropractic treatment three times per week for three weeks exceeds the guidelines and therefore is not medically necessary. There was no indication for the need for any additional chiropractic treatment based upon the lack of documentation provided with regards to lack of progress notes and documentation to support the need for continued treatment. Therefore, the request is not medically necessary.