

Case Number:	CM14-0114976		
Date Assigned:	08/22/2014	Date of Injury:	12/09/2010
Decision Date:	09/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 licensed in Chiropractic 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 provided The applicant was a 64 year old male who was involved in an industrial injury that occurred on 12/9/10 while employed for [REDACTED]. The medical records indicated that an injury was sustained to the mid back low back and left hip. There was additional documentation indicating that this was a continuous trauma to the back and hips and amended to include hands and upper extremities. Furthermore, the records documented an injury to the neck and arms at the time of a 12/9/10 due to a work related fall. A primary treating diagnosis was given as: cervical spine trapezius sprain/strain with left and right upper extremity radiculitis, bilateral wrist forearm tendonitis secondary to overuse. The applicant is temporarily disabled. He is recently retired. Upon review of PR-2 chiropractic form dated 7/22/14 the applicant presented with subjective complaints of neck and bilateral wrist pain, numbness and tingling, spasm, stiffness. There is temporary relief with chiropractic care. At this point the form indicated 6 chiropractic sessions were completed. Objective findings were documented as: cervical active ranges of motion were restricted, Compression and Distraction Testing was positive, normal reflexes, C5-C7 motor testing was 4/5. EMG/NCV was performed on 6/2/14 and indicated as being negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TWC-19th annual edition, Neck and Upper Back Manipulation.

Decision rationale: The applicant was a 64 year old male who was involved in an industrial injury that occurred on 12/9/10 while employed for [REDACTED]. The medical records indicated that an injury was sustained to the mid back low back and left hip. There was additional documentation indicating that this was a continuous trauma to the back and hips and amended to include hands and upper extremities. Furthermore, the records documented an injury to the neck and arms at the time of a 12/9/10 due to a work related fall. A primary treating diagnosis was given as: cervical spine trapezius sprain/strain with left and right upper extremity radiculitis, bilateral wrist forearm tendonitis secondary to overuse. 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, avoid chronicity. The claimant thus far has received 6 chiropractic sessions. Despite conservative treatment, he still remains symptomatic. Upon review of the various chiropractic PR-2 forms the subjective complaints remains unchanged as well as there has not been any change in any clinical objective functional improvement. Based upon the continued subjective complaints and unchanged objective findings ongoing chiropractic treatment with a request of 6 additional visits is not medically necessary or appropriate.