

Case Number:	CM14-0158944		
Date Assigned:	10/02/2014	Date of Injury:	05/08/2012
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 Chiropractor 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:

This case involves a 37 year old male who suffered a repetitive strain injury to his neck and bilateral upper extremities on 5/8/2012. The chief complaints are reported by the primary treating physician's (PTP) progress report as neck and right upper extremity pain. The neck pain is radiating down bilateral upper extremities with numbness and tingling in the left upper extremity. The patient has been treated with medications, physical therapy and chiropractic care. The diagnoses assigned by the PTP are neck pain, cervicobrachial syndrome and medial epicondylitis. An MRI study of the cervical spine has revealed "multiple mild degenerative disc disease at C2-3, C3-4 and C6-7. The PTP is requesting 12 additional sessions of chiropractic care to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the neck, twice a week for six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Chapter. Manipulations section. Definitions Page 1

Decision rationale: The patient has received 6 sessions of prior chiropractic care in this case. The MTUS Official Disability Guidelines (ODG), Neck & Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There is no evidence of objective functional improvement with prior care in the records provided. The chiropractic treatment records are not present in the materials submitted for review. Therefore, this request is not medically necessary.