

Case Number:	CM14-0023852		
Date Assigned:	06/11/2014	Date of Injury:	06/08/2013
Decision Date:	08/07/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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, has a subspecialty in Pain Medicine 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 is a 32-year-old female who sustained a remote industrial injury on 06/08/13 diagnosed with head injury, headaches, cervical spinal strain, and cervical radiculopathy. Mechanism of injury occurred while the patient was squatting to relocate a two-piece glass podium when the top half slid out of place and struck her on the head. The request for Chiropractic 2-3 x 6 cervical was non-certified at utilization review due to the lack of documentation of functional improvement with prior 21 sessions to support additional sessions and the request for MRI of the cervical spine was also non-certified at utilization review as there is no evidence of a significant change in symptoms or findings suggestive of significant pathology to warrant a repeat MRI. The most recent progress note provided is 02/12/14. Patient complains primarily of neck pain with limited range of motion and occasional radiation into the arms with paresthesias. Bending, twisting, pushing, and lifting aggravate the pain. Patient also reports headaches. Physical exam findings reveal tender cervical paraspinals; tender trapezials; and diminished range of motion of the cervical spine with pain. Current medications include: Naproxen, Prilosec, Tramadol, and Terocin patches. The treating physician is requesting acupuncture, a neurology consultation, an MRI of the cervical spine to rule out disc herniation, refill medications, moist heat treatments, topical analgesics, and a home exercise program. Provided documents include several previous progress reports, requests for authorization, urine drug screens, and Functional Capacity Evaluations dated 08/29/13, 12/10/13, and 02/13/14 that conclude the patient is not ready to resume her normal job duties. The patient's previous treatments include chiropractic care, acupuncture, biofeedback therapy, medications, ice packs, and physical therapy. Imaging reports are not provided but an MRI of the cervical spine, performed on 08/10/13, is referenced as revealing 2mm non-compressive bulges at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2-3 times 6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: CA MTUS guidelines recommend a maximum duration of 8 weeks of chiropractic sessions with the option of more sessions with evidence of objective functional benefit. In this case, provided documentation highlights the patient has undergone 21 sessions of chiropractic treatment without quantifying any obtained functional improvement as a result. Without such documentation to warrant the need for additional sessions, the medical necessity for the request of Chiropractic 2-3 times 6 for the Cervical Spine cannot be supported.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: According to ODG criteria on magnetic resonance imaging, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Provided documentation highlights that an MRI of the cervical spine was performed on 08/10/13 but the actual report with the detailed results of this MRI is not included in the provided documents. Without these results, it cannot be inferred that the patient has had a significant change in symptoms or findings suggestive of significant pathology warranting a repeat MRI, especially when the progress notes provided do not indicate a significant change in symptoms. Thus, the request for MRI C/S is not medically necessary.