

Case Number:	CM14-0048174		
Date Assigned:	07/02/2014	Date of Injury:	12/02/2011
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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:

The patient is a 33-year-old female who has submitted a claim for musculoligamentous cervical sprain/strain, chronic, intermittent radicular symptoms of bilateral upper extremities, and upper thoracic spine strain, resolved associated with an industrial injury date of 12/02/2011. Medical records from 03/19/2014 to 03/31/2014 were reviewed and showed that patient complained of neck pain (grade not specified) which radiated down bilateral upper extremities with occasional tingling and occasional upper back pain. Physical examination revealed tenderness over the Para cervical muscles extending to the supraspinatus bilaterally. Cervical spine ROM was decreased. Manual Muscle Test (MMT) of bilateral upper extremities was 5/5. Sensation to light touch of bilateral upper extremities was intact bilaterally. Reflexes were 1+ for biceps, triceps, and supinator bilaterally. MRI of the cervical and thoracic spine dated 02/09/2012 was unremarkable. X-ray of the cervical dated 12/06/2011 showed loss of normal lordosis and minimal osteophyte formation otherwise normal. Treatment to date has included 12 sessions of physical therapy, at least 6 visits of chiropractic treatment, and pain medications. Utilization review dated 03/31/2014 denied the request for EMG upper extremities because there was a normal MRI and neurologic exam findings. Utilization review dated 03/31/2014 modified the request for Chiropractic treatment 12 sessions for the cervical spine to 6 sessions to determine if there is objective improvement prior to additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, patient complained of neck pain with radiation down bilateral upper extremities. Physical examination findings include hyporeflexia and normal sensation and strength of bilateral upper extremities. The clinical manifestations of the patient were not consistent with a focal neurologic deficit. There was no clear indication for EMG study based on the available medical records. Therefore, the request for EMG bilateral upper extremities is not medically necessary.

Chiropractic treatment 12 sessions for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59-60.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, the patient has already completed at least 6 visits of chiropractic treatment. However, documentation of subjective or objective improvement was not available to support the continuation of chiropractic treatment per guidelines requirement. Therefore, the request for Chiropractic treatment 12 sessions for the cervical spine is not medically necessary.