

Case Number:	CM14-0060298		
Date Assigned:	07/09/2014	Date of Injury:	11/13/2009
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicates a 49-year-old individual with a diagnosis of cervical sprain and associated brachial neuritis. The mechanism of injury was not disclosed in the records reviewed. The most recent progress note was dated April 2, 2014 and indicated that the claimant has been driving a trolley and underwent repetitive neck rotation on the date of the evaluation, which exacerbated the neck symptoms and which are described as constant and rated as 8/10. Restricted motion was noted with spasms in the cervical regions. A positive maximal compression test bilaterally was reported, and a cervical MRI was referenced, revealing a 3 mm disc protrusion at C4-C5 and facet arthrosis. Prior treatment, according to the records reviewed, included multiple sessions of chiropractic care, dating back to April 2013, and including May 2013, June 2013, September 2013, and October 2013. A request has been made for 12 sessions of chiropractic treatments to the cervical spine. This was approved with modifications in the preauthorization process on April 10 2014, to include a partial certification for chiropractic treatment, and physiotherapy, 2 visits a week for 2 weeks beginning on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments to the cervical spine #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106,111,115,Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 127, 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 58.

Decision rationale: The medical record indicates that the injury is 4 years out. Based on the records reviewed, the claimant is experiencing exacerbations of a chronic pain syndrome. The California MTUS guidelines support one or 2 visits of chiropractic treatments for exacerbations of pain every 4 to 6 months. The request submitted is for 12 sessions of therapy, which exceeds the guideline recommendations for the treatment of exacerbations in the chronic pain setting. As such, the recommendation for this request is a partial certification with a modification for 2 sessions of physical therapy weekly for 2 weeks; therefore, this request is not medically necessary.