

Case Number:	CM14-0064750		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2001
Decision Date:	10/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 a licensed Chiropractor & Acupuncturist, 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 64-year-old female with a date of injury of 3/22/2001. According to the progress report dated 2/12/2014, the patient complained of neck and upper extremity pain with radiation into the bilateral dorsum of the hands. Significant objective findings include limited range of motion and diminished two-point discrimination in the C6. The patient was diagnosed with cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC FOR THE CERVICAL SPINE - 3 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Manipulation

Decision rationale: Regarding manipulation for cervical spine complaints, ACOEM Guidelines states using cervical manipulation may be an option for patients with occupationally related neck or cervicogenic headache. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. However, the guidelines make no recommendation on the chiropractic

treatment frequency. Therefore an alternative guideline was consulted. The Official Disability Guidelines recommend a trial of 6 visits over 2-3 weeks with evidence of objective functional improvement a total of 18 visits over 6-8 weeks. After review of the submitted records, the patient has had a trial of chiropractic sessions; however, there was no documentation of objective functional improvement from the prior chiropractic sessions. Therefore, the provider's request for 3 Chiropractic Sessions is not medically necessary at this time.