

Case Number:	CM14-0077072		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2013
Decision Date:	09/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, 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:

The injured worker injured worker a 44 year old male who sustained an injury to his neck on 10/07/13. Clinical note dated 02/10/14 reported that the injured worker continued to complain of right-sided neck pain 5/6 visual analog scale. The injured worker failed conservative treatment. The treating physician recommended additional physical therapy versus chiropractic manipulation treatment. Clinical note dated 03/06/14 reported that the mechanism of injury was trying to help restrain a patient who was on a gurney in the emergency room. The injured worker was hit in the head, causing right sided neck pain. Magnetic resonance image of the cervical spine dated 03/14/14 revealed spondylitic changes at C5-6 and C6-7 with mild degenerative changes at C4-5; mild narrowing of the central canal with posterior displacement of the cord at C5-6 and C6-7; intervertebral neural foramina normal; clinical note dated 04/09/14 reported that the injured worker continued to complain of right sided neck pain. Physical examination noted full range of motion with some back pain, especially on palpation. The injured worker was recommended for chiropractic treatment and advised to follow up in three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with a spine specialist (cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Evaluation and Management/Neck & Upper Back Procedure Summary.

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 chapter, Office visits.

Decision rationale: The request for consultation and treatment with spine specialist (cervical) is not medically necessary. There were minimal findings on physical examination to support the need for consultation at this time; hence, the request was not deemed as medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for consultation and treatment with spine specialist (cervical) is not indicated as medically necessary.

Chiropractic session (cervical) 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

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

Decision rationale: The request for chiropractic session (cervical) 1 x week x 6 weeks is not medically necessary. Furthermore, complaints are rated at very low levels and do not warrant treatment; hence, the request was not deemed as medically appropriate. The California Medical Treatment Utilization Schedule does not recommend chiropractic manipulation treatment for the neck. Given this, the request for chiropractic session (cervical) 1 x week x 6 weeks is not indicated as medically necessary.