

Case Number:	CM13-0020751		
Date Assigned:	10/11/2013	Date of Injury:	06/15/2006
Decision Date:	03/20/2015	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractor

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 52 year old female sustained a work related injury on 06/15/2006. The injury was noted to be as a result of repetitive movement of her right hand and upper extremity inputting data into a computer and using a keyboard. According to a progress report dated 07/18/2013, the injured worker complained of continued neck pain, right shoulder pain, soreness and right elbow pain. Diagnoses included Cervical Spine Multilevel Discopathy, Status Post Cervical Epidural Steroid Injection, Right Shoulder Tendonitis, Right Elbow Lateral Epicondylitis and Difficulty Sleeping. Treatment plan included follow up with pain management specialist, Nerve Conduction Velocity Studies/Electromyography, spine specialist consultation, multidisciplinary pain program functional restoration center and chiropractic adjustments. The injured worker was temporarily totally disabled. According to a progress report dated 08/15/2013, the injured worker had persistence of symptoms after conservative measures to include therapy, medication, activity restrictions, three-year epidural injections and evidence of possible instability at the 3-4 level that surgical consult would be necessary. On 08/15/2013, Utilization Review non-certified Chiropractic 2 x week x 6 Weeks Cervical Spine. According to the Utilization Review physician, range of motion was documented as 90 percent in the supplemental report which would indicate the cervical spine range of motion was close to normal. There was no documentation provided describing the specific number of prior chiropractic treatment visits given thus far. There was no documentation provided describing specific examples of clinically significant findings demonstrating objective function improvement from the prior chiropractic care rendered, although there was information describing that the care had reduced the injured

worker's need for medication and increased function. There was no information describing that there has been a specific reduction in pain medication. There was also no information that the injured worker was actively involved in a home exercise program. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines page 58-60. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for six weeks for the cervical spine Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested treatment at 2 times per week week for 6 weeks was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, there is evidence that the claimant underwent chiropractic treatment prior to this request. However, the amount of treatment rendered this claimant prior to this request, and over what time frame, was not available. In addition, on the 8/15/2013 evaluation with [REDACTED] he opined that the claimant should undergo a surgical consultation. This clearly indicates that the claimant had exhausted her conservative treatment options. As a result, the determination is for noncertification of the requested 12 chiropractic treatments.