

Case Number:	CM14-0002664		
Date Assigned:	01/31/2014	Date of Injury:	09/15/1997
Decision Date:	12/03/2015	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/08/2014

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. 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:

The injured worker is a 63 year old male, who sustained an industrial-work injury on 9-15-97. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain, brachial neuritis and headaches. The pain is rated 8 out of 10 on the pain scale and described as throbbing pain that radiates down the bilateral shoulders with numbness in both hands, no strength in the bilateral hands and loss of grip in the bilateral hands. Treatment to date has included pain medication Tramadol, cervical epidural steroid injection (ESI) 5-7-13, occipital nerve block 5-21-13, chiropractic (unknown amount but had numerous over the years with some benefit), and other modalities. The physician indicates that Magnetic Resonance Imaging (MRI) of the cervical spine dated 12-12-13 reveals mild mid cervical spurs without high grade lesions, and disc bulge C3-4 and C6-7. The electromyography (EMG), nerve conduction velocity studies (NCV) of the bilateral upper extremities reveals findings of a delta fiber hypoesthetic dysfunction. The Left CS ulnar nerve is +5 very severe, bilateral computerized axial tomography (CT scan) radial nerve medial branch +2 moderate. Hyperesthesia of the Type A delta fibers left posterior division of the cervical nerve, 1 hyper and right ulnar nerve, 1 hyper. Medical records dated (7-1-13 to 9-18-13) indicate that the injured worker complains of neck pain and tension headaches with flare-ups. The medical records also indicate that the activities of daily living (ADL) have been unchanged. Per the treating physician report dated 6-24-13, the injured worker has returned to work. The physical exam dated 7-15-13 reveals that there is head tilt to the left, high shoulder on the right, severe decreased cervical range of motion with pain, bilateral cervical taut and tender fibers moderate to severe and worsening. The cervical maximum compression test was positive and shoulder depression test was positive bilaterally. There was bilateral wrist flexion moderate muscle weakness noted. The requested service included Six (6) additional chiropractic treatments

for the cervical spine, 2 times per week for 3 weeks. The original Utilization review dated 12-23-13 non-certified the request for Six (6) additional chiropractic treatments for the cervical spine, 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional chiropractic treatments for the cervical spine, 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic neck pain with date of injury on 09/15/1997. Previous treatments included medications, injections, and chiropractic. According to the available medical records, the claimant has had chiropractic treatments previously with some benefits. However, there is no document of recent flare-up, and the request for 6 visits also exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.