

Case Number:	CM14-0193241		
Date Assigned:	12/01/2014	Date of Injury:	10/11/2014
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Emergency 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 is a year-old male, who sustained an injury on October 11, 2014. The mechanism of injury occurred while holding a contained filled with towels. The current diagnoses are: cervical strain/sprain, rule out cervical disc herniation with right upper extremity radiculopathy, right shoulder strain/sprain, right elbow strain/sprain, lumbar strain/sprain. The stated purpose of the request for Chiropractic care x 8 sessions elbow, forearm, neck, lumbar and right shoulder was not noted. The request for Chiropractic care x 8 sessions elbow, forearm, neck, lumbar and right shoulder was modified for 6 sessions on November 4, 2014. The stated purpose of the request for MRI cervical spine was not noted. The request for MRI cervical spine was denied on November 4, 2014, citing a lack of documentation of failed conservative treatment trials. The stated purpose of the request for ortho evaluation was not noted. The request for ortho evaluation was denied on November 4, 2014, citing a lack of documentation of failed conservative treatment trials. Per the report dated October 29, 2014, the treating physician noted complaints of pain to the neck, right shoulder, and back. Exam findings included cervical paraspinal tenderness, positive Spurling's maneuver and cervical compression test, thoraco-lumbar paraspinal tenderness with spasm and positive Kemp and Gaenslen's tests, negative straight leg raising tests, right shoulder tenderness with positive impingement sign, right elbow tenderness with negative Tinel sign, slight decreased sensation to the right C6-7 dermatomes, full muscle strength and reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care x 8 sessions elbow, forearm, neck, lumbar and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 and 59.

Decision rationale: The requested Chiropractic care x 8 sessions elbow, forearm, neck, lumbar and right shoulder is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has pain to the neck, right shoulder, and back per exam findings: The treating physician has documented cervical paraspinal tenderness, positive Spurling's maneuver and cervical compression test, thoraco-lumbar paraspinal tenderness with spasm and positive Kemp and Gaenslen's tests, negative straight leg raising tests, right shoulder tenderness with positive impingement sign, right elbow tenderness with negative Tinel sign, slight decreased sensation to the right C6-7 dermatomes, full muscle strength and reflexes. The treating physician has not documented the medical necessity for chiropractic therapy beyond a trial of 6 sessions to determine functional benefit. The criteria noted above has not been met, Chiropractic care x 8 sessions elbow, forearm, neck, lumbar and right shoulder is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI cervical spine is not medically necessary. The CA MTUS ACOEM 2nd Edition, 2004 Chapter 8 Neck and Upper Back Complaints Special Studies, Diagnostic and Therapeutic. Considerations, pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain to the neck, right shoulder, and back per exam findings. The treating physician has documented cervical paraspinal tenderness, positive Spurling's maneuver and cervical compression test, thoraco-lumbar paraspinal tenderness with spasm and positive Kemp and Gaenslen's tests, negative straight leg raising tests, right shoulder tenderness with positive impingement sign, right elbow tenderness with negative Tinel sign, slight decreased sensation to the right C6-7 dermatomes, full muscle strength and reflexes. The treating physician has not documented sufficient failed conservative therapy trials. The criteria noted above not having been met, MRI cervical spine is not medically necessary.

Ortho evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21 and 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The requested ortho evaluation is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Follow-Up, Page 207 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain to the neck, right shoulder, and back per exam findings. The treating physician has documented cervical paraspinal tenderness, positive Spurling's maneuver and cervical compression test, thoraco-lumbar paraspinal tenderness with spasm and positive Kemp and Gaenslen's tests, negative straight leg raising tests, right shoulder tenderness with positive impingement sign, right elbow tenderness with negative Tinel sign, slight decreased sensation to the right C6-7 dermatomes, full muscle strength and reflexes. The treating physician has not documented sufficient failed conservative therapy trials. The criteria noted above not having been met, Ortho Evaluation is not medically necessary.