

Case Number:	CM14-0196114		
Date Assigned:	12/04/2014	Date of Injury:	02/26/2014
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/24/2014

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 licensed in Chiropractic 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:

This 38-year old male was injured when he was lifting heavy boxes and felt a sudden pain the neck and upper back on 2/26/2014. The injured worker's subjective complaints are stated as follows: Increase in pain of the neck which radiated to the upper back and right shoulder /arm with pain as a 6-7 on a pain scale of 1-10. He also complained of constant pain in his upper back rating it a 5 on the pain scale. There was also bilateral elbow pain. The patient has been treated with medications, physical therapy and anti-inflammatory injections. The diagnoses assigned by the PTP are cervical sprain, thoracic sprain, right shoulder sprain/strain, cervical radiculopathy and cervical disc herniation. An MRI study has revealed disc herniation, C2-3 2 mm broad based disc protrusion, C3-4 3 mm left paracentral disc protrusion, C4-5 1-2 mm disc protrusion, and C5-6 2-3 mm right paracentral disc herniation with right sided uncinate hypertrophy and C6-7 2 mm disc herniation with mild narrowing of the neural foramen bilaterally. An EMG study of the upper extremities has been positive for right ulnar neuropathy, right cervical radiculopathy and possible double crush syndrome. The PTP is requesting an unspecified number of acupuncture and/or chiropractic sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture and Chiro Adjustments to Neck: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Manipulation Section

Decision rationale: This patient suffers from a chronic injury to his neck that occurred one year ago. The patient has not received any chiropractic care in the past. The UR reviewer's report indicates that 12 sessions of acupuncture and chiropractic care have already been approved and that it has been confirmed with the PTP that acupuncture/chiropractic treatment is not being requested. The MTUS Chronic Pain Medical Treatment Guidelines and MTUS ODG Neck Chapter recommend a trial of manipulative therapy. Given that there has been an approval of 12 chiropractic and acupuncture sessions and as indicated by MTUS I find that the request for a trial of an unspecified number of chiropractic and/or acupuncture sessions to not be medically necessary.