MAXIMUS Federal Services

Case Number:	CM14-0097895		
Date Assigned:	07/28/2014	Date of Injury:	10/21/1996
Decision Date:	04/10/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/26/2014

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: Emergency Medicine

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 76-year-old female, who sustained an industrial injury on 10/21/1996. She has reported subsequent back, shoulder, neck and right arm pain and was diagnosed with biceps tendon tear of the right arm, degenerative joint disease of the low lumbar spine, bilateral rotator cuff syndrome, and post-laminectomy syndrome of the cervical spine. Treatment to date has included oral pain medication, chiropractic therapy and a home exercise program. In a progress note dated 03/18/2014, the injured worker complained of constant neck pain. There were no objective examination findings of the cervical spine documented during this visit. The physician noted that a request for additional chiropractic treatments was being made since the injured worker was getting results with previous therapy. There was no discussion as to why a repeat MRI of the cervical spine was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: As per MTUS chronic pain guidelines, manual therapy such as chiropractic to neck is not recommended. Guidelines only recommend trial for low back pain. Pt had prior sessions that reportedly led to improvement but documentation fails to provide objective improvement in pain and function. Additional chiropractic to neck is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical spine Chapter Special Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury is chronic for at least 10years. There is no documentation of recent conservative care. There is no documentation of worsening symptoms. The neurological exam is chronically unchanged. Review shows prior MRIs from 2011. Reasoning for MRI scan is not documented. MRI Scan of cervical spine is not medically necessary.