

Case Number:	CM15-0149294		
Date Assigned:	08/12/2015	Date of Injury:	06/22/2015
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 28 year old male, who sustained an industrial injury on 6-22-15. He reported pain in his left upper back and neck related to cumulative trauma. The injured worker was diagnosed as having cervical strain. Treatment to date has included a left shoulder x-ray, a cervical x-ray and modified work. As of the PR2 dated 7-3-15, the injured worker reports pain in his neck that is aggravated by movement. Objective findings include decreased cervical range of motion and +2 tenderness to palpation. The treating physician requested chiropractic treatments 2 x weekly for 4 weeks for the neck, left shoulder and left elbow and a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the neck, left shoulder and left elbow, twice weekly for four weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Table 8-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

Decision rationale: This claimant was injured in 2015 with pain in his left upper back and neck related to cumulative trauma. Treatment to date has included a left shoulder x-ray, a cervical x-ray and modified work. As of July, there is pain in his neck that is aggravated by movement. The MTUS stipulates that the intended goal of chiropractic care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Objective, functional improvement out of past rehabilitative efforts is not known. The amount requested exceeds the guideline recommendations. The request is not medically necessary.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As previously shared, this claimant was injured in 2015 with pain in his left upper back and neck related to cumulative trauma. Treatment to date has included a left shoulder x-ray, a cervical x-ray and modified work. As of July, there is pain in his neck that is aggravated by movement. Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guidelines state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is not medically necessary.