

Case Number:	CM15-0168715		
Date Assigned:	09/09/2015	Date of Injury:	10/14/2011
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 40-year-old female who sustained an industrial injury on 10-14-2011. The injured worker was diagnosed with cervical facet syndrome, tenosynovitis of the hand and wrist and muscle spasm. According to the primary treating physician's progress report on Aug 12, 2015, the injured worker reported increasing neck pain with radiation into the right arm, shoulder and upper back associated with tingling and spasm since the last visit. The injured worker reported this increase as a flare-up. The injured worker also reported some wrist and forearm pain, which is aggravated by grasping. The injured worker rated her pain level at 2 out of 10 with medications and 7.5 out of 10 without medications. Without medications the injured worker has, decreased activity in and out of the home, mood worsens and has impaired ability to sleep. Prior diagnostic testing with Electromyography (EMG) reviewed as a normal study and shoulder and cervical spine magnetic resonance imaging (MRI) as normal studies according to the medical review (no dates of studies were documented). A cervical facet nerve block was documented with 'excellent relief' lasting for 1-2 days in March 2014 and a right C3-C4 and C4-C5 radiofrequency (no date documented). Current medications were listed as Ibuprofen, Voltaren gel and Omeprazole. Treatment plan consisted of continuing medication regimen, healthy diet, home exercise program and noted "it has been over a year since the radiofrequency ablation and she is having symptoms of recurrent facet pain indicative of nerve regeneration. She is due for a repeat procedure, the injured worker has had 6 sessions of massage therapy approved since December 2014 until August 14, 2015, and it is expiring. This will need to be extended. She had a flare up and was working". The injured worker is currently on modified work duties until next

visit. On August 27, 2015, the provider requested authorization for chiropractic therapy times 12 sessions for the cervical spine. The Utilization Review modified the request to chiropractic therapy to 6 sessions for the cervical spine on 08-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 12 cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. Previous treatments include medication, massage, and home exercises. There are no other treatments records available, and prior chiropractic treatment is not documented. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without evidences of objective functional improvements, the request for 12 visits is not medically necessary.