

Case Number:	CM15-0181588		
Date Assigned:	09/22/2015	Date of Injury:	10/17/2014
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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, Minnesota
 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:

This 54 year old male sustained an industrial injury on 10-17-14. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain with stenosis and radiculopathy, right shoulder sprain and strain and bilateral wrist pain. Previous treatment included chiropractic therapy and medications. In an orthopedic reevaluation dated 5-11-15, the injured worker complained of constant severe pain on the right side of his neck and right shoulder, rated 9 out of 10. The injured worker denied numbness and tingling. Physical exam was remarkable for cervical spine with right sided tenderness to palpation with associated spastic activity and "restricted" range of motion and right shoulder with tenderness to palpation extending into the right collar bone with associated myospasms and "restricted" range of motion. The injured worker was attending chiropractic therapy which "provided him with temporary relief of his symptoms". In orthopedic follow-ups dated 6-22-15 and 7-20-15, the injured worker complained of constant, severe pain on the right side of his neck and in his right shoulder, rated 9 out of 10. The injured worker was attending chiropractic therapy. In an orthopedic reevaluation dated 8-17-15, the injured worker complained of persistent, severe pain on the right aspect of the neck, rated 9 out of 10 on the visual analog scale and right shoulder pain, rated 8 out of 10, associated with numbness and tingling. Physical exam was remarkable for cervical spine with tenderness to palpation with occasional muscle spasms and "limited" range of motion and tenderness to palpation to the right shoulder and collar bone with "restricted" range of motion. The physician stated that magnetic resonance imaging cervical spine (2-11-15) showed multilevel canal stenosis and neuroforamina narrowing. Electromyography and nerve

conduction velocity test (12-10-14) showed acute right cervical spine radiculopathy at C5-C7. The physician noted that the injured worker had previously attended chiropractic therapy with "moderate" benefit to his complaints. The treatment plan included 8 chiropractic therapy sessions for the cervical spine and medications (Nabumetone and Omeprazole). On 9-4-15, Utilization Review noncertified a request for 8 chiropractic therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic sessions for the 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: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up 18 visits for 6-8 weeks. The doctor requested 8 chiropractic sessions for the cervical spine. According to the records the patient has already completed 6 visits for this flare-up and has not documented objective functional improvement from these 6 visits. Since there is no documented objective functional improvement from the initial 6 visits, the requested treatment is not medically necessary or appropriate.