

Case Number:	CM15-0204897		
Date Assigned:	10/21/2015	Date of Injury:	01/19/2015
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Chiropractic

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 41 year old female, who sustained an industrial injury on 1-19-15. The injured worker was being treated for cervical spondylosis without myelopathy, cervicgia, right sided occipital neuralgia and myofascial pain syndrome. On 8-28-15 and 9-18-15, the injured worker complains of neck, med and low back pain. She rates her pain 4 out of 10. Disability status is noted to be temporarily partially disabled. Physical exam performed on 8-28-15 revealed occipital tenderness to palpation along right side of occipital nerve and tenderness to palpation along right sided upper, middle and lower cervical paraspinal muscles and along right sided middle trapezial, right sided periscapular and right sided rhomboid muscles with slightly restricted cervical range of motion. MRI of cervical spine performed on 2-27-15 revealed no change in inferior displacement of cerebellar tonsils and uncovertebral spurring and facet hypertrophy with moderate left C2-3, mild bilateral C3-4 and moderate right C4-5 foramina stenosis. EMG studies performed on 7-8-15 of bilateral upper extremities were noted to be a normal study. Treatment to date has included 13 sessions of acupuncture, 50 sessions of physical therapy, oral medications including Norco 5-325mg, Ibuprofen 600mg, Flexeril 10mg and Treximet 85-500mg; and activity modifications. The treatment plan included neurology consult, pain management, follow up appointment and an initial 8 chiropractic treatments, she has previously not received chiropractic treatment. On 10-12-15 request for 8 chiropractic treatments was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2 times a week for 4 weeks for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for her cervical spine injury in the past. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 additional sessions with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. I find that the 8 initial chiropractic sessions requested to the cervical spine to be medically necessary and appropriate.