

Case Number:	CM15-0218572		
Date Assigned:	11/10/2015	Date of Injury:	07/15/2005
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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 51 year old female with an industrial injury dated 07-15-2005. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine herniated nucleus pulposus, cervical canal stenosis, cervical radiculopathy, cervical spine degenerative disc disease and cervical facet arthropathy. According to the progress note dated 09-08-2015, the injured worker reported neck pain, unchanged since her last office visit. Current pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (09-08-2015) revealed cervical range of motion: flexion 35 degrees, extension 25 degrees, right lateral bend 25 degrees, left lateral bend 25 degrees, right rotation 65 degrees, and left rotation 65 degrees. Treatment has included X-ray of cervical spine on 09-08-2015, Magnetic Resonance Imaging (MRI) of the cervical spine, Electromyography (EMG) and Nerve conduction studies (NCS) of the bilateral upper extremity, posterior spinal fusion C4-6 on 5-06-2015, injection at C4-6 on 3-21-2012 with temporary pain relief, prescribed medications, 1 session of acupuncture therapy, 6 sessions of chiropractic treatment to cervical spine with no pain relief, and periodic follow up visits. The treating physician prescribed services for post-op chiropractic rehabilitative therapy to the cervical spine, medication management and follow up appointment. The injured worker is on temporary partial disability. The utilization review dated 10-09-2015, modified the request for post-operative chiropractic therapy of the cervical spine, 2 times a week for 3 weeks (original: 2 times a week for 6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative chiropractic therapy of the cervical spine, 2 times a week for 6 weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back - Manipulation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The claimant presented with chronic neck pain. Previous treatments included medications, chiropractic, acupuncture, cervical fusion surgeries. According to the available medical records, the claimant recently had cervical fusion surgeries on 05/06/2015. Post-surgical surgeries include medications, there is no other post-surgical treatments documented. Current request is for 12 chiropractic post-surgical rehab, exercises, and no manipulation. The request is within recommendation with Postsurgical Treatment Guidelines; therefore, it is medically necessary.