

Case Number:	CM15-0035389		
Date Assigned:	04/07/2015	Date of Injury:	09/26/2011
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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:

This 30 year old woman sustained an industrial injury on 9/26/2011. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 12/3/2013 and electromyography of the bilateral upper extremities dated 5/8/2013. Diagnoses include herniated nucleus propulsus of the cervical spine, right ulnar neuropathy, cervicgia rule out cervical facetogenic pain, and rule out cervical/thoracic myelopathy. Treatment has included oral medications, acupuncture, chiropractic, and physical therapy. Physician notes on a PR-2 dated 12/15/2014 show complaints of neck, low back and right elbow pain rated 6-7/10. Recommendations include chiropractic therapy for the cervical spine, right cervical medial branch block at C5-C6 and C6-C7 for diagnostic purposes toward a therapeutic rhizotomy, Ultracet, increased Pamelor, Flexeril, and follow up in eight weeks. Documentation indicates that future consideration includes MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Cervical Spine 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months
Page(s): 58-59.

Decision rationale: The claimant presented with ongoing neck pain despite previous treatments with medications, acupuncture, chiropractic, and physical therapy. Although there is no previous chiropractic treatment records, amount of treatment, and treatment outcomes, treating doctor progress reports dated 12/15/2014, 10/21/2014, and 09/23/2014 noted that the patient has failed to response to chiropractic therapy. Based on the guidelines cited, the request for 8 chiropractic treatment is not medically necessary due to no evidences of objective functional improvement with prior chiropractic therapy.