

Case Number:	CM15-0044866		
Date Assigned:	03/17/2015	Date of Injury:	06/17/2014
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 23 year old male, who sustained an industrial injury on 06/17/2014. Initial complaints reported included pain and numbness to the left shoulder. The injured worker was diagnosed as having left thoracic-lumbar strain/sprain. Treatment to date has included conservative care, medications, physical therapy, x-rays of the cervical spine and left shoulder (10/30/2014), and MRI of the cervical spine (12/02/2014). At the time the services were prescribed, the injured worker complained of severe constant neck pain (8/10) described as stabbing and associated with movement, constant moderate burning pain in the left shoulder (7/10) with numbness and tingling. The diagnoses at that time included cervical strain/sprain, cervical myofascitis, and rule out cervical disc protrusion, left shoulder strain/sprain, left shoulder muscle spasm, and rule out left shoulder internal derangement. The treatment plan consisted of 12 chiropractic sessions over 6 weeks, MRI of the cervical spine, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request for 12 Chiropractic Therapy Sessions 2 Times A Week for 6 Weeks for The Cervical Spine DOS Starting 11/11/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective 12 chiropractic sessions two times per week times six weeks to the cervical spine date of service November 11, 2014 are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured workers working diagnoses are cervical sprain/strain cervical myofasciitis; left cervical disc protrusion; left shoulder sprain/strain; left shoulder muscle spasm; rule out left shoulder internal derangement. The documentation from a November 11, 2014 progress note shows the injured worker received 14 chiropractic therapy sessions to date. There are no chiropractic notes or progress notes in the record. There is no documentation with objective functional improvement. The guidelines recommend a six visit clinical trials over two weeks and with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks may be indicated. There is no objective functional improvement in the medical record. Additionally, the injured worker already received 14 chiropractic sessions. Consequently, absent compelling clinical documentation with objective functional improvement of prior chiropractic treatment (14 sessions), retrospective 12 chiropractic sessions two times per week times six weeks to the cervical spine date of service November 11, 2014 are not medically necessary.

Retro Request for MRI of The Cervical Spine DOS 12/2/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain

with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured workers working diagnoses are cervical sprain/strain cervical myofasciitis; left cervical disc protrusion; left shoulder sprain/strain; left shoulder muscle spasm; rule out left shoulder internal derangement. The documentation from a November 11, 2014 progress note shows the injured worker was having 8/10 on the VAS pain scale in the cervical spine. Objectively, range of motion was decreased and there was tenderness to palpation in the paracervical muscle groups. There was no neurologic evaluation/examination in the medical record. Cervical spine x-rays were unremarkable. There were no red flags or physiologic evidence of tissue insult with objective nerve impairment documented in the assessment dated November 11, 2014. Consequently, absent clinical documentation with objective evidence of nerve impairment and physiologic evidence of tissue insult and red flags, negative plain cervical spine x-rays, retrospective MRI cervical spine is not medically necessary.