

Case Number:	CM15-0045458		
Date Assigned:	03/18/2015	Date of Injury:	08/13/2014
Decision Date:	04/20/2015	UR Denial Date:	03/06/2015
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 (IW) is a 40-year-old female who sustained an industrial injury on 08/13/2014. She had neck pain with numbness and tingling radiating to the left arm, including the hand and fingers. Diagnoses include rotator cuff syndrome-left, cervicobrachial syndrome, cervicgia and thoracic pain. Treatment to date has included medications, bracing and Toradol injection. Diagnostics performed to date included MRI, x-rays, labs and electrodiagnostic studies. According to the progress notes dated 2/27/15, the IW reported pain in the neck and upper back rated 7/10, left shoulder pain rated 6/10 and headaches occurring two to three times weekly rated 8/10. The PR2 dated 2/27/15 stated the requested services, two additional chiropractic sessions and an MRI of the cervical spine, is included in the provider's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic neck pain.

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, 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 with 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 worker's working diagnoses are rotator cuff syndrome; cervical brachial syndrome; and cephalgia, cervicgia and thoracic pain. The date of injury is August 13, 2014. The injured worker was initially followed at [REDACTED]. The documentation pursuant to a February 4, 2015 progress note indicates the injured worker had an MRI of the cervical spine but no results. The February 4, 2015 progress note is the first visit at the chiropractor. There were no treatment records from [REDACTED] in the medical record. The injured worker also had electrodiagnostic studies at [REDACTED]. Studies reportedly showed carpal tunnel syndrome and golfers elbow. The documentation does not contain a neurological evaluation. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There were no red flags or physiologic evidence of tissue insult with nerve impairment or failure to progress in a strengthening program (conservative therapy). The injured worker had an MRI at [REDACTED] [REDACTED] (according to the injured worker) and the old records should be obtained prior to ordering a second MRI. Consequently, absent clinical documentation with records from [REDACTED] [REDACTED] of the prior cervical MRI, MRI cervical spine is not medically necessary.

Chiropractic treatments (x6): 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, Chiropractic manipulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #6 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 worker's working diagnoses are rotator cuff syndrome; cervical brachial syndrome; and cephalgia, cervicalgia and thoracic pain. The date of injury is August 13, 2014. The injured worker was initially followed at [REDACTED]. The documentation pursuant to a February 4, 2015 progress note indicates the injured worker had an MRI of the cervical spine but no results. The February 4, 2015 progress note is the first visit at the chiropractor. There were no treatment records from [REDACTED] in the medical record to see the results of the MRI of the cervical spine. The injured worker also had electrodiagnostic studies at [REDACTED]. Studies reportedly showed carpal tunnel syndrome and golfers elbow. The documentation does not contain a neurological evaluation. The documentation is unclear as to whether or not treatment at [REDACTED] included chiropractic treatment. The guidelines recommend a trial of six visits over two weeks. With objective functional improvement total of 18 visits over 6 to 8 weeks may be clinically indicated. The records from [REDACTED] should be obtained to determine whether prior chiropractic treatment was rendered. There are no compelling clinical facts in the medical record to warrant additional chiropractic treatment. Consequently, absent clinical documentation with objective functional recruitment from [REDACTED] medical records (prior treatment to the February 4, 2015 progress note), chiropractic sessions #6 are not medically necessary.