

<b>Case Number:</b>	CM15-0051482		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 44 year old female who sustained an industrial injury on 8/8/14. The injured worker reported symptoms in the back, shoulders, bilateral elbows and knees. The injured worker was diagnosed as having bilateral cervical spine radiculitis, bilateral wrist sprain, status post right carpal tunnel release, and lumbar spine strain bilateral knee strain. Treatments to date have included oral pain medication, muscle relaxant, chiropractic treatments, and activity modification. Currently, the injured worker complains of pain in the back, shoulders, bilateral elbows and knees. The plan of care was for voltage-actuated sensory nerve conduction threshold test, chiropractic manipulation and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VSNCT (cervical spine) Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Current Perception Threshold Testing.

**Decision rationale:** The patient is a 44 year old female with an injury on 08/08/2014. She injured her back, neck, elbows, shoulders and knees. According to ODG, 2014 the requested voltage actuated sensory nerve conduction threshold test is not recommended. "It is not reasonable or necessary" to diagnose sensory neuropathies or radiculopathies. It is not medically necessary.

**Chiropractic Manipulation Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58 - 59.

**Decision rationale:** The patient is a 44 year old female with an injury on 08/08/2014. She injured her back, neck, elbows, shoulders and knees. MTUS, Chronic Pain allows for a maximum of 5 to 6 treatments for chiropractic manipulation. For more visits, there must be documentation of efficacy. The requested 12 visits are not consistent with MTUS guidelines and are not medically necessary.