

Case Number:	CM15-0056249		
Date Assigned:	04/01/2015	Date of Injury:	07/10/2014
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 47 year old female sustained an industrial injury to the lumbar spine and cervical spine on 7/10/14. In a PR-2 dated 2/19/15, the injured worker noted a flare up of low back pain with intermittent lower extremity numbness. Physical exam was remarkable for limited and painful cervical spine range of motion with tenderness to palpation to the cervical spine and thoracic spine paraspinal musculature and levator scapula, positive Spurling's test and positive Foraminal compression test and lumbar spine with limited range of motion, positive Milgram's test and positive Kemp's test. Current diagnoses included post traumatic hyperextension-flexion injury, neck sprain/strain and lumbar spine sprain/strain. The treatment plan included twelve sessions of physical therapy, four sessions of chiropractic therapy and re-evaluation for submitted diagnosis of post traumatic hyperextension-flexion injury, unspecified if inpatient or outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation for submitted diagnosis of post traumatic hyperextension-flexion injury, unspecified if inpatient or outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-59.

Decision rationale: Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of Re-evaluation for submitted diagnosis of post traumatic hyperextension-flexion injury, unspecified if inpatient or outpatient. The request is not medically necessary.