

Case Number:	CM15-0058814		
Date Assigned:	04/03/2015	Date of Injury:	03/11/2014
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/27/2015

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:

The injured worker is a 41 year old female, who sustained an industrial injury on 3/11/2014. She reported spontaneous and gradually progressive right upper extremity symptoms, including pain and limited use that began to include the neck. Diagnoses include right lateral and medial epicondylitis, carpal tunnel symptoms, and cervical disc protrusions at C5-6 and C6-7, degenerative disc disease, radiculopathy, and facet joint syndrome. Treatments to date include rest, brace, medication therapy, activity modification, oral steroid therapy, cortisone injection, and physical therapy, and acupuncture treatments. Currently, she complained of constant pain in the neck, right elbow and right forearm rated 10/10 VAS. On 1/23/15, the physical examination documented a positive Tinel's at the right wrist and elbow. The plan of care included obtaining an MRI of the cervical spine and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times A Week for 4 Weeks for The Cervical Spine: Upheld

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

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 chronic neck pain despite previous treatments with medications, physical therapy, and acupuncture. Reviewed of evidences based MTUS guidelines note a trial of 6 chiropractic visits over 2 weeks might be recommended. However, the progress report did not document any concurrent therapeutic exercise program for the neck that help facilitate functional improvement in this claimant, the request for 8 visits also exceeded the guidelines recommendation. Therefore, it is not medically necessary.