

Case Number:	CM14-0121104		
Date Assigned:	08/06/2014	Date of Injury:	06/20/2013
Decision Date:	10/29/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male with a reported injury on 06/20/2013. The mechanism of injury occurred when he was struck on the head by a bumper of a car being lowered on a hydraulic lift. The injured worker's diagnoses include cervical spine sprain and strain, disc protrusion C5-6, with moderate to severe bilateral neural foraminal stenosis, mild spondylosis at C3-4 through C6-7, and clinical right upper extremity radiculopathy. The injured worker's previous treatments included medications, physical therapy, massage therapy, and work restrictions. The injured worker's previous diagnostic testing included an MRI of the cervical spine on 01/16/2014, which revealed mild spondylosis at C3-4 with mild facet arthropathy, mild spondylosis at C4-5, a 2 mm disc osteophyte complex at C5-6, with moderate decreased disc space height, moderate bilateral uncovertebral joint osteophytes, mild spinal canal stenosis, moderate to severe bilateral foraminal narrowing, and mild spondylosis at C6-7. No pertinent surgical history was provided. The injured worker was evaluated on 03/18/2014 for complaints of pain and stiffness to his cervical spine with radiation down the right arm to include numbness and tingling to the right upper extremity. The injured worker also complained of headaches and right ear pain. The clinician observed and reported tenderness to palpation over the para-xial musculature of the c-spine, right trapezius, and right levator scapulae, with spasticity. Also noted was referred pain to the right arm and a trigger point palpated over the right scapular region. Range of motion of the cervical spine was limited to 43 degrees of flexion, 47 degrees of extension, 26 degrees of right lateral bending, 22 degrees of left lateral bending, 61 degrees of right rotation, and 56 degrees of left rotation. Cervical compression Valsalva and Adson's tests were negative bilaterally. Sensory response over the C5, C6, and C7 nerve roots is decreased on the right. The biceps, triceps, and brachioradialis reflexes were normal and equal bilaterally. Grip strength was measured on the right, using a Jamar dynamometer, the clinician reported the

results as right 51/47/46 kilograms and left 36/54/50 kilograms, with a note that the patient is right handed. No medications were noted for this patient. The request was for chiropractic therapy, 2 times per week for 3 weeks, to the cervical area. No rationale for this request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy two times a week for three weeks to the cervical area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The request for chiropractic therapy, 2 times a week for 3 weeks, to the cervical area, is not medically necessary. The injured worker continued to complain of neck pain with radiation down the right arm, as well as headaches and right ear pain. The CA MTUS/ACOEM Guidelines state that there is insufficient evidence to support manipulation of patients with cervical radiculopathy. The injured worker's treatment plan consisted of acupuncture, trigger point injections, and an EMG/NCV to rule out cervical radiculopathy. The documentation provided did not indicate whether the tests had been done or provide results of those tests. Therefore, the request for chiropractic therapy, 2 times per week for 3 weeks, is not medically necessary.