

Case Number:	CM14-0140747		
Date Assigned:	09/10/2014	Date of Injury:	11/16/2007
Decision Date:	10/31/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 Chiropractic and is licensed to practice in California. 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:

According to the available medical records, this is a 53-year-old male with chronic neck and back pain, date of injury is 11/16/2007 and 10/08/2013. Previous treatments include medications, massage, physical therapy, chiropractic and home exercises. Initial report dated 07/02/2014 by the treating doctor revealed history of pain in the neck, right shoulder, trapezius, bilateral wrists and hands, mid back, low back with radicular symptoms to the right lower extremity. The patient states that while working on 10/08/2013, he was involved in an industrially related automobile accident, resulted in increased pain in the neck, right trapezius, shoulder, bilateral wrists, and hands, mid back, and low back. Present subjective complaints include aching neck pain with occasionally sharp and stabbing pain with moving the head up and down or side to side, driving, forceful pushing and pulling, and looking at the lab top, the pain radiates to the right trapezius muscle and mid back, and tingling in the right upper extremity at the fingers. The patient also complains of right trapezius and shoulder pain, which described as aching and sore, aggravated by writing, keyboarding, using the touch screen, driving, showering, sweeping, and vacuuming. The patient also complains of bilateral wrist and hands pain, and right thumb pain, aching and sore when moving the wrist and hand. The patient also complains of mid back pain, aching, sharp and stabbing with driving and sitting for 10 minutes and vacuuming, using the computer for around 5 minutes. The patient also complains of low back pain, aching and occasionally sharp and stabbing, the pain radiates to the right lower extremity with numbness and tingling in the right lower extremity. Physical exam noted pain, tenderness, guarding and limited ROM in the cervical spine, positive Spurling's, positive cervical distraction test and positive head compression test, diminished sensory deficit in the upper extremities at C5-6 region; right shoulder has pain and tenderness over the anterior and lateral deltoid, ROM produce pain, positive impingement test, positive Yergasons and Empty beer can test; bilateral wrists and

hands tenderness over the carpal bones, ROM is stiff, achy and painful, grasping is painful and weak; lumbar spine has pain and tenderness, ROM limited due to pain, positive SLR, diminished L5 sensory in the right lower extremity. Diagnoses include status post motor vehicle accident, cervical discopathy, upper extremity radiculitis, right shoulder impingement syndromes, bilateral wrist sp/st, and lumbar spine discopathy. The patient is temporarily totally disabled. Progress report dated 07/10/2014 by the treating doctor report no changes in symptomatic, exam notes pain to palpation in cervical and lumbar spine, ROM decreased due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine, Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165, 177-178, 287, 303.

Decision rationale: The claimant presents with a new injury on 10/08/2013 that aggravate his neck pain. While the cervical spine is being considered for surgery with previous injury, it is medically necessary to evaluate for any path anatomical changes that resulted from the new injury. The claimant's low back pain with radicular symptoms and positive neurological examination has not been shown to respond to conservative treatments also warrant-imaging studies. Based on the guidelines cited above, the request for MRI of the cervical spine and lumbar spine is medically necessary.

Chiropractic 2x4 Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Reviewed of the available medical records showed this claimant has completed 12 chiropractic treatments with no evidences of objective functional improvement. The claimant continues to experience ongoing neck and low back pain with no changes in subjective symptom. Based on the guidelines cited, the request for additional chiropractic treatment is not medically necessary.