

Case Number:	CM14-0141784		
Date Assigned:	09/10/2014	Date of Injury:	05/02/2012
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 licensed in Chiropractic and is licensed to practice in Texas. 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 50 year old female who reported a date of injury of 05/02/2014. The mechanism of injury was not indicated. The injured worker had diagnoses of cervicotrachezial sprain/strain, cervical spondylosis, left shoulder strain-resolving and left elbow strain resolving. Prior treatments and surgeries were not indicated within the medical records received. The injured worker had an EMG/NCV on 06/14/2014 with official findings indicating evidence of abnormalities involving the left seventh cervical nerve root and the bilateral C5, C6 and C7 nerve roots. The injured worker had complaints of continued neck pain and left lateral posterior elbow pain. The clinical note dated 09/18/2014 noted the injured worker had a bilateral positive Spurling's test, decreased range of motion in the cervical spine, a positive lateral epicondyle test and, illegible pertinent information. Medications included Zorvolex. The treatment plan included the physician's recommendation of future cervical epidurals, a spine consult and full work duty with the allowance of the injured worker to stretch every 45 minutes. The rationale was not indicated within the medical records provided. The request for authorization form was received on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, for the Cervical Spine x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58.

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

Decision rationale: The request for Chiropractic treatment for the cervical spine X 6 is not medically necessary. The injured worker had complaints of continued neck pain and left lateral posterior elbow pain. The California MTUS guidelines note 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. The guidelines recommend treatment 1-2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The injured worker had complaints of continued neck pain and left lateral posterior elbow pain for which the guidelines do not recommend chiropractic treatment. The requesting physician did not include an adequate and complete assessment of the injured worker's condition which demonstrated the injured worker has significant objective functional deficits for which chiropractic treatment would be indicated. There is a lack of documentation indicating whether the injured worker has had chiropractic treatment in the past, as well as the efficacy of any prior chiropractic treatment. As such, the request is not medically necessary.