

Case Number:	CM14-0147109		
Date Assigned:	09/15/2014	Date of Injury:	08/25/2011
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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 Nevada. 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 records, presented for review, indicate that this 45-year-old female was reportedly injured on 8/25/2011. The most recent progress note, dated 9/3/2014, indicated that there were ongoing complaints of neck and upper back pains. Physical examination demonstrated positive Spurling's test producing left axial pain, and sensation was intact to light touch. Strength testing revealed weakness in left grip strength and tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border and lumbar paraspinals, left greater than right. There was also spasm noted in the paraspinals and scapular border. MRI of the cervical and thoracic spine, dated 1/14/2014, demonstrated 1 mm to 2 mm posterior disk bulges at C4 through T1 without evidence of canal stenosis or neural foraminal narrowing and normal thoracic spine. EMG/NCV studies showed evidence of carpal tunnel syndrome but no evidence of cervical radiculopathy. Previous treatment included physical therapy, massage therapy, TENS unit, chiropractic therapy, home exercise program and medications to include capsaicin cream, ibuprofen and gabapentin. A request had been made for chiropractic care 2 x 6, which was not certified in the utilization review on 8/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for neck and back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported by the guidelines. Review of the available medical records indicates the claimant suffers from chronic neck and upper back pain since a work-related injury in August 2011, for which she has previously underwent conservative treatment to include physical therapy, massage therapy and chiropractic treatment. It is unclear how many chiropractic treatments she has attended to date and if she has had improvement in function or pain. Given the lack of documentation, this request is not considered medically necessary.