

Case Number:	CM14-0181720		
Date Assigned:	11/06/2014	Date of Injury:	11/26/2012
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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 a licensed Chiropractor, has a subspecialty in Acupuncture 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:

The patient is a 39-year-old male with a date of injury of 11/26/2012. According to the report dated 9/22/2014, the patient complained of neck, bilateral wrist, and hand pain. The neck pain was intermittent, sharp, and sore that does not radiate. There was numbness and tingling in the hands. The patient has not received acupuncture, injections, or chiropractic treatments. Significant objective findings include decrease cervical range of motion, positive Spurling's test, decrease sensation in the bilateral hands, weakness noted in the bilateral grip strength, tenderness to palpation over the cervical paraspinal muscles, upper trapezius, and scapular border. The patient was diagnosed with cervicalgia, cervical radiculopathy, and bilateral carpal tunnel syndrome with a history of surgery and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 x wk x 6 wks., neck, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic, Manipulation

Decision rationale: The Official Disability Guideline recommends manipulation for cervical spine pain. It recommends a trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. There was no evidence that the patient had chiropractic sessions in the past. An initial trial may be indicated at this time. However, the provider's request for 12 chiropractic sessions exceeds the guidelines recommendation. Therefore, the provider's request is not medically necessary at this time.