

Case Number:	CM14-0191026		
Date Assigned:	11/24/2014	Date of Injury:	08/03/2012
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 50 year old female who sustained injuries to her neck and upper extremities on 8/3/2012 while performing her duties as a drugstore customer service clerk. Per the PTP's progress report the patient complains of "left arm numbness and pain." The patient has been treated with medications chiropractic care, acupuncture, electrical stimulation and physical therapy. The MRI study of the cervical spine have demonstrated a cervical spondylosis with a 2 mm disc bulge at C5-6, a left vertebral artery vascular loop at C4-5 extending into the intervertebral foramina and a right vertebral artery vascular loop at C6-7. Diagnoses assigned by the PTP are cervical degenerative disc disease and left arm numbness and tingling likely due to left C6 radiculitis. An EMG/NCV study of the upper extremities has been negative for cervical radiculopathy or peripheral neuropathy. The PTP is requesting 8 chiropractic sessions to the cervical spine. The UR department has modified the request and approved 6 sessions of chiropractic care to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic therapy for the cervical spine (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: This is a chronic case with a date of injury 8/3/2012. She has not received chiropractic care for this injury. The PTP is requesting a trial of 8 sessions of chiropractic care to the neck. The MTUS ODG Neck & Upper back Chapter recommends a trial of chiropractic care, 6 sessions over 2 weeks. In accordance with the MTUS recommendations the UR department has approved 6 sessions of chiropractic care to the cervical spine. I find the 8 chiropractic sessions to the cervical spine to not be medically necessary and appropriate.