

Case Number:	CM14-0217243		
Date Assigned:	01/07/2015	Date of Injury:	12/06/2013
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 claimant had a date of injury of 12/6/2013. The mechanism of injury is described as twisting and lifting heavy boxes overhead. Diagnoses are cervical strain with radiculitis, thoracic and lumbar strain. He has been treated with medication, physical and chiropractic therapy. MRI of lumbar spine showed protrusion of lumbar discs. Office notes of 10/30/14 describe increasing pain in neck with radiation to right arm. Physical examination reveals cervical paraspinous muscle spasm, positive cervical compression testing and 4/5 strength in right upper extremity. The requests are for cervical MRI and chiropractic therapy 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 2X6 C/S, T/S AND L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): pp 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. In this case, the claimant has completed greater than 18 sessions of chiropractic therapy and should be released to a home exercise program at this time. In the event of a flare of pain, 1-2 sessions might be indicated 2-3 times per year. The request for chiropractic therapy 2x6 for cervical thoracic and lumbar spine is not medically necessary and is denied.

MRI Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p 182.

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record includes specific findings concerning for nerve root compromise in the cervical spine, specifically objective right upper extremity weakness. A cervical MRI is medically indicated.