MAXIMUS Federal Services

Case Number:	CM14-0037706		
Date Assigned:	06/25/2014	Date of Injury:	01/31/2013
Decision Date:	02/27/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/28/2014

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: Ohio
Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 50 year old male who was injured when he flipped over the handlebar of a bicycle while at work. The claimant sustained a clavical fracture and reported an injury to his cervical, thoracic, and lumbar spine. Diagnoses include cervical IVD syndrome, thoracic segmental dysfunction, and lumbar IVD syndrome. Pain is reported in the cervical spine that radiates into the left arm and shoulder.MRI of the cervcial spine notes disc buldges at C4-C7. Past treatment has included NSAIDS, acupuncture, physical therapy, MRIs, X-rays, TENS, ultrasound, heat, cold, diagnositic ultrasound, and pain management. UR decision dated 3/6/14 recommeneded a modification of the treatment request of 12 additional chiropractic visits to 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x6 (12) to the cervical, thoracic, and lumbar spine then an additional Chiropractic 1x6 to the cervical, thoracic and lumbar spine (after re-evaluation): 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 9792.20 - 9792.26 Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, manipulation.

Decision rationale: In regard to the low back MTUS states for the Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. MTUS is silent in regard to manipulation of the cervical spine. ODG notes that manipulation may be warranted in certain circumstances in regard to the cervical spine. ODG states Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success -- Trial of 6 visits over 2-3 weeks With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care.The claimant has undergone a trial of 6 chiropractic visits. The results of these treatments are not presented for review and therefore do not offer evidience of objective functional improvent as required by both guideliness to continue treatment. The request also would bring the total number of visits to 24 which exceeds both MTUS and ODG. Due to the lack of objective functional improvement, and the request exceeding both MTUS and ODG treatment recommendations the treatment request is not medically necessary.