

Case Number:	CM15-0120864		
Date Assigned:	07/01/2015	Date of Injury:	04/21/2003
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Minnesota
 Certification(s)/Specialty: Chiropractor

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 injured worker is a 37 year old female, who sustained an industrial injury on April 21, 2003. She reported an injury to her right upper wrist, right elbow and right thumb. Treatment to date has included work restrictions, medications, pain consultation, epidural steroid injection, MRI of the cervical spine and physical therapy. Currently, the injured worker complains of an acute flare up of her cervical spine neck pain. She reports radiation of pain down the right lower extremity and has associated headaches. She reports that she had to leave work and was unable to perform basic functions of her job due to pain. She rates her cervical spine pain an 8-9 on a 10-point scale. Her baseline level of pain is 3-7 on a 10-point scale depending on her level of work. She reports that her headaches are a constant 8-9 on a 10-point scale. On physical examination, the injured worker has tenderness to palpation of the cervical spine and her cervical range of motion is limited. An MRI of the cervical spine on October 14, 2011 revealed loss of intervertebral height desiccation at C4-5, C5-6 and C6-7, multi-level disc protrusions and multi-level foraminal stenosis. The diagnoses associated with the request include cervical myofascitis, cervico-genic muscle tension and headaches, and radiculopathy of the cervical spine C6. The treatment plan includes manipulation of the cervical spine, myo-fascial release, kinesio taping, muscle stimulation, massage, and intermittent motorized traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical manipulation for a cervical flare-up (10 sessions): 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 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(and cervical) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested cervical manipulation for a cervical flare-up of 10 sessions. This request for treatment (10 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.