

Case Number:	CM15-0172926		
Date Assigned:	09/14/2015	Date of Injury:	07/24/2012
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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

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 59 year old male, who sustained an industrial injury on 7-24-12. The injured worker was diagnosed as having cervical spinal stenosis; cervical radiculopathy; thoracic sprain-strain; lordosis acquired postural. Treatment to date has included physical therapy; epidural steroid injections cervical (1-14-15; 6-8-15); medications. Diagnostic studies included an EMG-NCV study of the upper extremities (12-16-14). Currently, the PR-2 notes dated 7-20-15 are hand written and difficult to decipher. These notes appear to indicate the injured worker is having reduced pain as of 1-2 days after treatment. The injured worker was treated with chiropractic spinal manipulation and myofascial trigger point therapy and the provider is requesting 8 additional visits. A PR-2 noted dated 6-22-15 indicates the injured worker was seen on this day as a follow-up status post cervical left C6 transforaminal epidural steroid injection (ESI) done on 6-8-15. The provider documents the injured worker "feels better and is experiencing less pain. He does continue to experience residual left neck and trapezius pain to the shoulder region. He is working." Objective findings on this date reveal "Spurling's test on the left produce pain at the ipsilateral trapezius, this maneuver was not painful on the right. Muscle stretch reflexes were grade 1-2 out of 5 and symmetric at the biceps, brachial radialis and triceps. Palpation produced tenderness at the left mid cervical paraspinals and upper trapezius." The provider at this time notes the ESI has been effective and the injured worker's pain has diminished. However, due to his residual pain, he recommended a trial of 6 chiropractic visits to treat that pain. An EMG-NCV study of the upper extremities dated 12-16-14 reveal an impression of: "1) Mild to moderate left median nerve compression at the carpal tunnel, affecting

motor and sensory components, but without evidence of axon loss or neuropathic change in the distal musculature. 2) The finding confirms the referring diagnosis of carpal tunnel syndrome on the left side. 3) Borderline evidence of focal medial nerve compression at the right carpal tunnel. 4) No evidence of cervical radiculopathy." A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-21-15 and non-certification was for an additional 8 visits for Chiropractic therapy. Utilization Review stated: "The necessity for additional chiropractic treatment is not clearly established at this time as the record review revealed a prior treatment was beneficial. However, no objective changes with respect to range of motion, strength or function were quantified to substantiate the necessity for additional chiropractic intervention at this stage of care." The provider is requesting authorization of an additional 8 visits for Chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro x 8 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic neck and back pain. Previous treatments include medication, epidural injection, and chiropractic. Reviewed of the available medical records showed the claimant has just completed a trial of 6 chiropractic visits with improvement in pain and increased range of motion. Based on the guidelines cited, there are evidences of objective functional improvements; therefore, the request for additional 8 visits is medically necessary.