Case Number:	CM15-0068418		
Date Assigned:	05/06/2015	**Date of Injury:**	10/09/2012
Decision Date:	06/09/2015	**UR Denial Date:**	03/26/2015
Priority:	Standard	**Application Received:**	04/10/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 10/9/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical disc degeneration, cervicalgia, carpal tunnel syndrome and brachial neuritis. There is no record of a recent diagnostic study. Treatment to date has included an unknown amount of chiropractic treatments, cervical epidural steroid injection in 2013 and medication management. In a progress note dated 2/9/2015, the injured worker complains of constant cervical spine pain. Physical exam showed paravertebral tenderness with spasm and limited range of motion with pain. The treating physician is requesting 12 chiropractic care visits to the cervical spine and bilateral wrist/hand, referral to a pain management specialist for 2nd cervical epidural steroid injection and ergonomic work station evaluation and adjustment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 cervical spine and bilateral wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case there is no documentation that the patient has had prior chiropractic treatment. The requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Referral to a pain management specialist for 2nd cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 503.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. The diagnosis of radiculopathy is not supported by the documentation in the medical record and there are no corroborating imaging or electrodiagnostic studies. Epidural injection is not indicated. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Ergonomic work station evaluation and adjustment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, wrist, & hand, Ergonomic interventions.

Decision rationale: Ergonomic interventions are under study. Using a computer keyboard with the forearms unsupported has been proposed as a causal factor for arm/hand diagnoses. For the majority of users, forearm support may be preferable to the "floating" posture in computer workstation setup. Symptoms in the wrist-hand region were predicted by stress symptoms and twisting or bending. Physical exposures at work influence the development of musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. However, the results also suggest that a psychosocial exposure (social support) and perceived stress symptoms influence musculoskeletal symptoms. The lack of evidence does not allow determination of efficacy or safety. The request should not be authorized. Therefore, the requested treatment is not medically necessary.