

Case Number:	CM13-0000940		
Date Assigned:	02/26/2014	Date of Injury:	04/24/2013
Decision Date:	05/07/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/03/2013

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. The expert reviewer is Board Certified in Chiropractor and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 40-year-old female with a reported date of injury 04/24/2013 and the mechanism of injury occurred when the injured worker was pulling a meat slicer across a countertop away from a wall which then resulted in intermittent moderate dull pain in the back and neck exacerbated by movement and lessened by rest. On physical exam, there were objective findings of cervical compression test and was positive for Valsalva maneuver. There was also a positive cervical distraction test. Also, there was tenderness of the thoracolumbar paravertebral musculature. There was also full range of motion but slow and a positive Waddell's for axial load and simulated rotation, negative light touch. Diagnoses were sprain of neck, sprain of lumbar region and sprain of thoracic region. An unofficial x-ray, date not provided, of the lumbar spine and cervical spine reportedly were normal. Medications listed were nabumetone 750 mg twice a day, Polar Frost gel, cyclobenzaprine 7.5 mg at bedtime as needed and other conservative treatments included were hot and cold therapy packs and a custom touch joint wrap as well as chiropractic care and medication management. The injured worker was to continue to work without any restrictions. Date of request was 06/04/2013 for 6 additional chiropractic to address back, neck, and right shoulder for thoracic/lumbar and cervical/trapezius strain; however, the rationale for the request could not be determined as the clinical was unclear and difficult to read

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC, 2 X PER WEEK FOR 3 WEEKS, FOR THE NECK AND THE MID AND LOWER BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181-183, 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: The CA MTUS Guidelines recommended for chronic pain manual therapy. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks is supported. Elective/maintenance care is not medically necessary. It is recommended the treatment success be re-evaluated for recurrence or flare-ups. If return to work achieved, then 1-2 visits every 4-6 months. The request for the additional chiropractic care 2 times a week for 3 weeks for the neck and the mid and lower back are non-certified. There was no documentation submitted regarding how the injured worker responded to the past chiropractic care as well as current functional and physical impairments identified in past therapy and total number of visits completed to date. The guidelines recommend a trial of 6 visits over 2 weeks. Given that there were no current functional and physical impairments provided for review as well as re-evaluation with treatment plan, the request is non-certified.