

Case Number:	CM13-0002082		
Date Assigned:	02/28/2014	Date of Injury:	04/08/2013
Decision Date:	04/22/2014	UR Denial Date:	06/20/2013
Priority:	Standard	Application Received:	07/18/2013

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 licensed in Chiropractic Services, 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:

The patient is a 57-year-old female who reported an injury on 04/08/2013. The mechanism of injury was noted to be a fall. Her diagnoses include a cervical strain, lumbar strain, and thoracic sprain and strain. Her symptoms are noted to include generalized neck pain, occasional headaches, thoracic spine pain, lumbar spine pain, and gluteal pain. It was noted that the patient had previously tried chiropractic care, ice, heat, rest, and stretching. Her physical examination revealed a mild decrease in range of motion of the cervical spine and markedly limited range of motion in the lumbar spine. A recommendation was made to continue chiropractic care and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUEL THERAPY AND MANIPULATION Page(s): s 58-59.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended for chronic pain if caused by a musculoskeletal condition. The Guidelines further state that the purpose of manual therapy and manipulation is to facilitate

progression in the patient's therapeutic exercise program and return to productive activities. The patient was noted to have previously participated in chiropractic treatment. A 05/08/2013 chiropractic progress questionnaire indicated that the patient reported decreased pain and increased ability to walk, stand, sit, and sleep. It was specified that she felt her low back had improved by 5% and her neck had improved by 10%. Despite this subjective report of improvement, the clinical information submitted failed to provide evidence of objective functional gains made with her previous chiropractic treatments. Additionally, it is unclear how many chiropractic visits the patient has completed to date. A 07/15/2013 office note indicated that the patient had recently completed her last 3 approved visits on 07/11/2013. However, it was noted that the patient had requested chiropractic treatment at her 04/20/2013 visit; therefore, it is unclear how many chiropractic treatments the patient has had and whether there was any objective functional gains made with this treatment. Furthermore, the patient's most recent clinical note provided was dated 11/20/2013 and she was shown to have normal motor strength in her bilateral upper and lower extremities and reduced range of motion in her cervical spine and lumbar spine; however, her current treatment plan was not noted to include chiropractic treatment. Therefore, it is unclear whether the patient's treating physician continues to feel that she would improve with further chiropractic treatment. For the reasons noted above, and in the absence of details regarding the patient's previous chiropractic treatment, including objective functional gains made, the request is not supported. As such, the requested service is non-certified.