

Case Number:	CM13-0013482		
Date Assigned:	09/26/2013	Date of Injury:	08/18/2009
Decision Date:	02/03/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor, has a subspecialty in Acupuncture 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 physician 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 reported a work-related injury on 08/18/2009, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: Cervical HNP/DDD and lumbar HNP/DDD. The clinical notes document the patient has attended multiple sessions of chiropractic treatment. The clinical note dated 06/27/2013 reports the patient was seen under the care of chiropractor [REDACTED]. The provider documents the patient continued with chiropractic treatment, and reported 4/10 pain. The patient reported discomfort had improved since starting chiropractic treatment. The provider documented specific spinal adjustments and cold laser therapy applications. On physical exam of the patient, negative cervical compression, Kemp's positive to the right side, and decreased range of motion of the cervical spine in all directions, as well as pain and stiffness were noted. Clinical note dated 07/22/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient was improving with chiropractic treatment, but this intervention was discontinued and now the patient reports again spasms and tenderness to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiro 1 x 6 for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with cervical spine pain complaints status post a work-related injury sustained in 2009. The clinical notes document the patient has utilized both multiple sessions of physical therapy as well as chiropractic treatment for her pain complaints to both the cervical spine and the lumbar spine. The clinical notes document the patient was reporting positive efficacy with chiropractic treatment; however, as soon as interventions discontinued, the patient had return of symptomatology about the cervical spine. California MTUS indicates the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that it facilitates progression in the patient's therapeutic exercise program and return to productive activities. The clinical notes lack evidence of any long-term functional benefit from the multiple chiropractic treatments the patient has had to date. Given the lack of any duration of pain relief and the increase in objective functionality as a result of utilization of chiropractic manipulation, the request for chiropractic manipulation 1 x 6 for cervical spine is not medically necessary or appropriate.