

Case Number:	CM13-0015207		
Date Assigned:	06/06/2014	Date of Injury:	04/10/2012
Decision Date:	07/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 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:

The injured worker is a 53-year-old female with a reported date of injury of 04/10/2012. The mechanism of injury was reported as a slip and fall. The injured worker presented with constant cervical pain, dull left shoulder pain, intermittent dull left wrist pain, intermittent moderate lumbar pain, and dull to sharp hip pain. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 30 degrees, extension to 60 degrees, left lateral flexion to 30 degrees, right lateral flexion to 20 degrees, and bilateral rotation to 80 degrees. The lumbar spine range of motion revealed flexion to 40 degrees, extension to 25 degrees, left lateral flexion to 25 degrees, right lateral flexion to 10 degrees, and bilateral rotation to 25 degrees. The bilateral shoulder, bilateral wrists, and bilateral hips revealed range of motion to be within normal limits. In addition, the clinical information indicated the injured worker presented with positive cervical compression test on the right, with positive right straight leg raise. According to the clinical documentation provided for review, the injured worker previously participated in aquatic therapy, acupuncture, 6 treatments of chiropractic care, and physical therapy. The injured worker's diagnosis included post-traumatic cervical musculoligamentous sprain/strain, cervical muscle spasm, cervical discopathy, left shoulder sprain/strain, lumbar muscle spasm and discopathy and right hip sprain/strain. The request for authorization for chiropractic sessions 2x4 for the cervical spine, lumbar spine, hip and left shoulder was submitted on 08/22/2013. The rationale for the request was indicated to assist in the rehabilitation of the reduction of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 2 X 4 FOR THE CERVICAL SPINE, LUMBAR SPINE, HIP AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation 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 injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend manual therapy for the low back at trials of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The clinical note dated 07/08/2013 indicated that the injured worker was to start 6 visits of chiropractic care. The clinical note dated 08/05/2013 indicated that the physician was requesting more chiropractic therapy twice a week for 4 to 6 weeks to help the rehabilitation of reduction of pain. There is a lack of documentation related to the therapeutic and functional benefit in the previous 6 chiropractic treatments. The guidelines recommend a trial of 6 visits, with evidence of objective functional improvement. Therefore, an additional request of 8 chiropractic sessions exceeds the recommended guidelines. Therefore, the request for chiropractic sessions 2 x 4 for the cervical spine, lumbar spine, hip, and left shoulder is not medically necessary.