

Case Number:	CM13-0016916		
Date Assigned:	12/11/2013	Date of Injury:	12/12/2003
Decision Date:	02/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/27/2013

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. 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 UR determination of 8/14/2013 denied Chiropractic care for one date of service, two subsequent Chiropractic visits after returning home and four massage therapy visits, all requested by [REDACTED] in his PR-2 report of 7/30/13. The rationale for denial of care addressed the subject 7/30/13 report lacking any clinical evidence of functional improvement following prior Chiropractic care for management of reported chronic cervical spine complaints arising from a date of injury: 12/12/2003. CA MTUS Chronic Treatment Guidelines were offered in support of the denial of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient is reported to be a 44 year old female with a date of injury of 12/12/2003. The patient reported onset of neck pain following constant computer work. The patient past history of medical and Chiropractic case management includes treatment from [REDACTED]. The request for additional Chiropractic care, one

visit per the 7/30/13 request, reported the patient with continuing cervical spine pain with range of motion loss. The report failed to document any objective evidence of functional improvement following prior documented Chiropractic manipulation visits. Records reflect continuing care from 2012. Rationale for denial of the requested one Chiropractic visit was the lack of documentation of any significant symptomatic or objective gains leading to functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The UR determination of 8/14/13 denying the requested single visit on 7/30/13 was clinically supported and consistent with referenced guidelines. The Appeal of the single visit on 7/30/13 is denied.

Chiropractic treatment x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient is reported to be a 44 year old female with a date of injury of 12/12/2003. The patient reported onset of neck pain following constant computer work. The patient past history of medical and Chiropractic case management includes treatment from [REDACTED]. The request for additional Chiropractic care was in anticipation of the patient needing care versus clinical evidence on examination that further care, manipulation or massage had previously been successful in increasing functional improvement. The UR determination of 8/14/13 denying two additional chiropractic visits requested on 7/30/13 was clinically supported and consistent with referenced guidelines. The Appeal of the additional Chiropractic care two visits is denied.

Massage therapy x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The patient is reported to be a 44 year old female with a date of injury of 12/12/2003. The patient reported onset of neck pain following constant computer work. The patient past history of medical and Chiropractic case management includes treatment from [REDACTED]. The referenced CA MTUS Treatment Guidelines for massage address care is an adjunct to other treatment measures such as exercise. There was no reporting by [REDACTED] that the prior use of massage therapy led to any modification of the patient's pain or led to functional gains in ADL or lessening in medical management. The UR determination of 8/14/13 denying massage therapy, four sessions, requested on 7/30/13 was

clinically supported and consistent with referenced guidelines. The Appeal of the additional massage therapy, 4 sessions is denied.