

Case Number:	CM13-0019567		
Date Assigned:	07/25/2014	Date of Injury:	12/15/1998
Decision Date:	08/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation 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 patient is a 64 year old female with date of injury 12/15/98 that occurred when she fell down stairs. The treating physician report dated 7/15/13 indicates that the patient presents with neck and back pain intermittently and is rated 7/10 on the VAS. The objective findings were bilateral cervical, thoracic, and lumbar paraspinal muscle hypertonicity. Decreased ROMs of cervical and lumbar spine. Cervical MRI report dated 7/30/13 reveals DDD of cervical spine with protrusion and retrolithesis C5-6 with canal stenosis, C3-4, C5-6 and C6-7 neural foraminal narrowing. The current diagnoses are: 1.Chronic Cervical Sprain/Strain2.Chronic Thoracic Sprain/Strain3.Chronic Shoulder Sprain/StrainThe Utilization Review report dated 8/12/13 modified the request from 12 chiropractic treatments to 6 based on the rationale of MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulative therapy, with ultrasound, massage, mechanical traction, and examination, 1-2 times per week, decreasing to 1 time per week for 6 weeks, for a total of 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The patient presents with chronic neck and back pain. The current request is for decision for Spinal manipulative therapy, with ultrasound, massage, mechanical traction, and examination, 1-2 times per week, decreasing to 1 time per week for 6 weeks, for a total of 12 visits. The MTUS guidelines allow a trial of 6 visits over 2 weeks. The treating physician on 7/15/13 requested 10 spinal manipulative therapy treatments due to exacerbation. The guidelines only allow for 6 visits and the utilization review doctor authorized 6 visits. The request for 10 spinal Manipulative Therapy Treatments are not medically necessary.