

Case Number:	CM13-0026756		
Date Assigned:	03/14/2014	Date of Injury:	02/21/2011
Decision Date:	04/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 55-year-old female who reported an injury on 02/21/2001. The mechanism of injury was a repetitive work injury. The patient was diagnosed with a cervical sprain with brachial neuritis and a thoracic sprain. The patient was reported to have had 8 previous sessions of chiropractic treatment. It was documented that the patient complained of frequent, moderate to severe pain in the neck and middle back with radiating pain and numbness into the upper bilateral extremities. The patient reported that symptoms were worse with movement and strenuous activity. Previous treatments included physical therapy and prescription medications. Objective findings revealed restricted, painful cervical range of motion with flexion at 45 degrees, extension of 40 degrees, right rotation to 65 degrees and left rotation at 55 degrees. The patient was noted to have moderate to severe myospasms along the trapezius, levator and rhomboid musculature, right greater than left. The patient was noted to have a positive maximal compression test. The patient was recommended for 8 additional sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL SESSIONS OF CHIROPRACTIC THERAPY: Upheld

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

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

Decision rationale: The California MTUS states that 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 and functional improvement that facilitate progression in the patient's therapeutic exercise program and a return to productive activities. The patient participated in 8 previous chiropractic treatments; however, no objective clinical documentation was submitted to show continued functional deficits from the previous chiropractic treatment. Also, the documentation did not state that the patient was participating in a therapeutic exercise program. Given the lack of documentation to support the guideline criteria, the request is non-certified.