

Case Number:	CM13-0026757		
Date Assigned:	03/19/2014	Date of Injury:	02/27/2011
Decision Date:	04/22/2014	UR Denial Date:	08/30/2013
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 Board Licensed in Chiropractics 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:

This is a 60-year-old female patient with a reported date of injury 02/02/2011. The mechanism of injury was that the patient injured her neck while handling an overhead luggage/backpacking bag. The patient reportedly has had prior chiropractic care and acupuncture. On physical exam on 08/13/2013, the treating physician reported that the patient continued to complain of pain and radicular symptoms to the bilateral upper extremities. There was a positive Adson's test as well as spasm and tenderness noted with limited range of motion. There was also tightness noted to the rhomboid, scalenes, and trapezius. Objective findings were positive for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CHIROPRACTIC TREATMENTS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The CA MTUS Guidelines states manual therapy is recommended 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 patient's therapeutic exercise program and return to productive activities. The patient complained of neck pain, rated 4/10 and there were objective findings of radicular symptoms to her bilateral upper extremities. However, the patient is noted to have undergone prior chiropractic care and the number of sessions attended and the efficacy of the treatment was not provided for review to support additional sessions. As such, the request is non-certified.