

Case Number:	CM13-0028507		
Date Assigned:	11/27/2013	Date of Injury:	08/01/2012
Decision Date:	03/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 42-year-old female who reported an injury on 08/01/2012. The patient was reportedly struck by a falling door, causing injury to her forehead, lip, left shoulder and bilateral knees and thighs. The patient was diagnosed with multilevel cervical disc desiccation and bulging with stenosis, cervical strain, lumbar strain, left shoulder strain, right knee strain, left thigh bruise, lip laceration and headache. The patient was seen by [REDACTED] on 08/14/2013. The patient reported persistent neck, back and right knee pain. The patient also reported ongoing headaches and insomnia. Physical examination revealed cervical paraspinal tenderness to palpation, painful range of motion, a positive Spurling's maneuver, lumbar paraspinal tenderness with muscle spasms and guarding and bilateral tight hamstrings. The treatment recommendations included a short course of chiropractic treatment for the cervical spine twice per week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the spine includes a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the patient does present with tenderness to palpation, painful range of motion and a positive Spurling's maneuver. However, the current request for 10 sessions of chiropractic treatment exceeds the guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.