

Case Number:	CM13-0036841		
Date Assigned:	12/13/2013	Date of Injury:	07/25/2012
Decision Date:	04/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 44-year-old female who experienced persistent neck and upper extremity pain after wearing a backpack unit on her back for 45 minutes while vacuuming the entire store at which she worked in 07/25/2012. Her diagnosis was a cervical strain and sprain. She completed 12 sessions of acupuncture, what appeared to be 15 physiotherapy sessions from 03/22/13 to 07/09/13, along with 18 sessions of chiropractic treatment. The most recent report indicated that she was still experiencing pain in the neck and upper extremities and had completed chiropractic treatment but remained symptomatic. A request was made for 6 more chiropractic treatments to the cervical spine; this request was non-certified on 10/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for six (6) Chiropractic Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG, (Neck and Upper Back Chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manual Therapy & Manipulation Page(s): s 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Manipulation

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. They do not address chiropractic therapy of the neck specifically. The Official Disability Guidelines (ODG) notes that manipulation is recommended as an option for the neck. For regional neck pain, 9 visits over 8 weeks are recommended. For cervical strain, a trial of 6-10 visits over 2-4 weeks depending on the severity. For cervical radiculopathy, they recommend a trial of 6 visits over 2-3 weeks. With evidence of functional improvement, a total of 18 visits over 6-8 weeks with fading of therapy are recommended. In this case, the claimant has received the number of recommended chiropractic treatments and without documentation of significant functional improvement. As such, the record does not document the medical necessity for an additional 6 sessions of chiropractic therapy.