MAXIMUS Federal Services

Case Number:	CM13-0043713		
Date Assigned:	12/27/2013	Date of Injury:	06/30/2011
Decision Date:	02/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Acupuncture 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 injured worker is a 55 year old male who reported neck and low back pain from injury sustained on 06/330/2011. Patient was injured while doing his regular and customary duties of looking up to clean machine parts when he felt pain in his neck. CT scan dated 09/21/11 shows moderate spinal and Neuroforaminal stenosis and degenerative disc disease. NCV and EMG dated 12/6/2012 showed bilateral carpal tunnel and cubital tunnel syndrome. There was no cervical radiculopathy per NCV/ EMG. Patient was diagnosed with Cervical Radicultis, cervical spine sprain strain and Thoracic spine sprain strain. Patient was treated with medication, Acupuncture, chiropractic and therapy. Patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Patient was seen for a total of 13 visits with chiropractic. In 2012 patient was treated 4 times and in 2013 he was seen 9 times by the chiropractor. Patient reported temporary symptomatic improvement with chiropractic. Notes dated 8/6/13 request an additional cchiropractic treatment due pain caused by vomiting/flu. The Chiropractor doesn't have subjective or objective finding in the report. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care. Patient continues to have pain and flare-ups. Patient's progress has come to a plateau. He remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Cervical and Thoracic Spine, Table 2, Summary of Recommendations.

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

Decision rationale: The MTUS guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculosketelal 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 objectively measureable gain sin functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiological range-of motion but not beyond the anatomic range-of-motion. Notes dated 8/6/13 request an additional chiropractic treatment due pain caused by vomiting/flu. Subjective or objective finding, Range of motion, orthopedic tests and palpation findings were not included in the notes. It is difficult to compare any objective findings to determine if care has been beneficial and/or if further treatment is necessary. Patient hasn't had any long term symptomatic or functional relief with Chiropractic care therefore chiropractic therapy for cervical spine is not medically necessary.