

Case Number:	CM13-0052506		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2009
Decision Date:	05/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 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:

Patient is currently a 65 year old female with date of injury 08/18/2009. She was working as a flight attendant and was pulling a cart out of the back of the plane galley and as the plane went to the side, she felt a pop in her lower back and had some pain in her cervical spine. She has had ongoing care with conservative treatment, including physical therapy, medication (Soma), and chiropractic care. There is mention of some improvement at times with these modalities, and then conflicting reports of no improvement at times. Her diagnosis also varies depending on medical report with cervical strain, cervical strain with herniated nucleus pulposus, lumbar strain, and lumbar strain with herniated nucleus pulposus. Last medical report dated 11/4/2013, stated that she had subjective complaints of "pain in my neck and my back. I got better with the chiropractic care before."

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1X8 FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The request is for chiropractic care 1 time per week for 8 weeks. The MTUS guidelines state that this is reasonable for a chronic pain syndrome. There is no mention of neck/cervical spine in the recommendations. Lumbar spine/low back is recommended as an option. A trial of 6 visits over two weeks is first recommended. If objective evidence of improvement is shown, a total of 18 visits over 6-8 weeks is reasonable. Elective and maintenance care is not recommended. Based on the lack of any objective improvement in the medical records to prior chiropractic care, despite having done more than 6 visits in the past, this argues to non-certification of this specific request. As such, based on the medical documents submitted the request of chiropractic care (1 visit per week for 8 weeks) is not medically necessary.