

Case Number:	CM13-0057175		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2011
Decision Date:	05/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Chiropractor and is licensed to practice in Washington D.C. and 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:

The injured worker is a 51-year-old female who reported an injury on 02/28/2011. The mechanism of injury was not provided in the medical records. The injured worker had complaints relative to her neck, low back, and upper extremities. Physical examination of the cervical and lumbar spine revealed decreased range of motion, muscular guarding was present throughout the paracervical and paralumbar musculature. The injured worker was diagnosed with spondylolisthesis. Past medical treatment was not provided in the medical records. On 10/02/2013, a request for chiropractic care 1 time per week for 6 weeks for low back and neck had been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1 TIME A WEEK FOR 6 WEEKS FOR LOW BACK AND NECK:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK, MANIPULATION.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The Official Disability Guidelines further state cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable beyond 2 weeks to 3 weeks if signs of objective progress towards functional restoration are not demonstrated. The Chronic Pain Medical Treatment Guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks for the low back. The Chronic Pain Medical Treatment Guidelines do not address number of chiropractic therapy sessions for the neck. The ODG Chiropractic Guidelines for regional neck pain are recommended at 9 visits over 8 weeks. The documentation submitted for review indicated the injured worker had a decrease in range of motion of the cervical spine and lumbar spine. However, the documentation failed to provide objective functional deficits of the cervical and lumbar spine to warrant chiropractic therapy. Therefore, the request is not supported. Given the above, the request for Chiropractic 1 time a week for 6 weeks for low back and neck is non-certified.