

Case Number:	CM13-0062594		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2013
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational 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:

According to the records made available for review, this is a 57-year-old female with a 7/2/13 date of injury. At the time (11/27/13) of request for authorization for additional chiropractic 1 times a week times 6 weeks for the cervical spine, there is documentation of subjective (intermittent pain in between the shoulder blades) and objective (cervical range of motion full in all directions, tender bilateral medial trapezius, left greater than right, palpable trigger point over the left trapezius, right scapular with some mild lateral winging) findings, current diagnoses (cervical strain, myofascial pain, right upper quadrant (trapezius and supraspinatus)), and treatment to date (PT, HEP, activity modification, medications, and chiropractic (reported as helpful)). The number of chiropractic visits completed to date cannot be determined. There is no documentation of objective improvement with previous treatment, functional deficits, and functional goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC 1 TIMES A WEEK TIMES 6 WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of cervical strain, myofascial pain, right upper quadrant (trapezius and supraspinatus). In addition, there is documentation of previous chiropractic treatment reported as being helpful. However, the number of chiropractic visits completed to date cannot be determined. In addition, there is no documentation of objective improvement with previous treatment, functional deficits, functional goals and, if chiropractic provided to date exceeds guidelines, a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for additional chiropractic 1 times a week times 6 weeks for the cervical spine is not medically necessary.