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| Case Number: | CM13-0067929 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/06/2013 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 a licensed Chiropractor and is licensed to practice in 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 35-year-old female who reported an injury on 09/06/2013, secondary to heavy lifting. Current diagnoses include back strain, cervical strain, lumbosacral strain, spasm, biceps tendon sprain, triceps tendon sprain, and wrist sprain. The injured worker was evaluated on 09/27/2013. The injured worker reported persistent neck and low back pain. The injured worker has attended 4 chiropractic therapy sessions with improvement. Physical examination on that date revealed limited range of motion, positive straight leg raising, decreased sensation in the left lower extremity, diffuse biceps and triceps tenderness, a normal gait, and tenderness of the ulnar aspect of the right wrist. Treatment recommendations included continuation of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ADDITIONAL CHIROPRACTIC VISITS TO LUMBAR/CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a chronic musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The injured worker has participated in chiropractic therapy. However, there is no documentation of objective functional improvement. The injured worker presented with ongoing neck and low back pain. Based on the clinical information received, the request for Eight (8) Additional Chiropractic Visits to Lumbar/Cervical is non-certified.