

Case Number:	CM13-0068380		
Date Assigned:	01/17/2014	Date of Injury:	08/31/2013
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Chiropractic 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 36-year-old female with a reported injury date of 08/31/2103. The injury was due to being attacked while overseas on a work related trip. The clinical note dated 11/01/2013 noted the injured worker had subjective complaints that include unrated neck and low back pain, headaches, and tingling sensation that radiate down the upper extremities. Objective findings include severe spasm of the lumbar paraspinal muscles to the left of midline, positive contralateral straight leg raise, positive ipsilateral straight leg raise, and diminished sensation of the posterolateral aspect of the right thigh and shin. It is noted that the injured worker has been receiving chiropractic care and acupuncture of unknown duration. It was also noted that the injured worker was working full duty. An MRI (magnetic resonance imaging) dated 12/02/2013 revealed an annular protrusion impression upon the anterior cord and causes moderate left greater than right foraminal compromise at C5-C6. The request for authorization for chiropractic care x 12 sessions was submitted on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE NECK AND LOW BACK, TWELVE SESSIONS:

Upheld

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

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

Decision rationale: The documentation provided noted the injured worker had complaints of unrated neck and low back pain, headaches, and tingling sensation that radiate down the upper extremities. Objective findings include severe spasm of the lumbar paraspinal muscles to the left of midline, positive contralateral straight leg raise, positive ipsilateral straight leg raise, and diminished sensation of the posterolateral aspect of the right thigh and shin. It is noted that the injured worker has been receiving chiropractic care and acupuncture of unknown duration and was currently working full duty. An MRI (magnetic resonance imaging) dated 12/02/2013 revealed an annular protrusion impression upon the anterior cord and causes moderate left greater than right foraminal compromise at C5-C6. The California MTUS guidelines recommended manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommendation is an initial trial of 6 visits over 2 weeks, with evidence of objective functional improvement for a total of 18 sessions. Based on the documentation provided it is unclear how many sessions of physical therapy the injured worker has already attended. There is also no quantifiable evidence provided that the injured worker had functional deficits that improved from the previous attended sessions. Additionally, the symptomology does not suggest that the injured worker is experiencing musculoskeletal problems. Due to the above points the request for chiropractic care of neck and low back, twelve sessions is non-certified.