

Case Number:	CM13-0069357		
Date Assigned:	05/09/2014	Date of Injury:	10/01/2012
Decision Date:	06/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 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:

The patient is a 62 year old female who sustained repetitive strain injuries to her neck, knees and shoulders on 10/1/2012 while performing her duties as a truck driver. The patient is status post-surgery for the left shoulder and left knee. The primary treating physician reported subjective complaints as "stiffness, pain, crunching sound in the neck." The AME reports chief complaints by stating "The patient currently complains of constant neck pain. Her pain increases with upward and downward gazing and prolonged positioning of the neck." For her neck complaints the patient has been treated with medications and physical therapy. The MRI study of the cervical spine has demonstrated "multilevel 2-3 mm posterior disc/endplate osteophyte complexes throughout the cervical spine from C3 inferiorly through C7/T1 with varying degrees of central canal and neural foraminal stenosis. Diagnoses assigned by the AME are cervical myofascial sprain/strain with degenerative disc disease. The primary treating physician is requesting a trial of 8 chiropractic sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY FOR THE NECK, TWICE A WEEK FOR FOUR (4) WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Manipulation Section.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) recommends a trial of manipulative therapy for the neck and upper back. This patient suffers from a chronic injury to her neck and other body regions that occurred 2 years ago. The absence of prior chiropractic records and mention of no prior chiropractic treatment indicates that the patient has not received any chiropractic care in the past and as such was confirmed in the AME's report. Therefore, the request for chiropractic therapy for the neck, twice a week for four weeks is medically necessary and appropriate.