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| Case Number: | CM13-0071829 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 10/27/2011 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 Licensed in Chiropractics, 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 55 years old female who reported an injury on 10/27/11. The mechanism of injury was not included within the medical records. The progress note dated 11/07/2013 noted the injured worker complained of ongoing lower back pain and numbness in her left hand. The injured worker complained of pain radiating down her left leg and had been receiving chiropractic therapy which helped temporarily. The range of motion testing performed on the cervical spine on 11/07/2013 noted flexion was 40 degrees, extension was 40 degrees, right rotation was 60 degrees and left rotation was 60 degrees. The neurological exam performed on that date noted reflexes were intact and symmetrical. Lumbar spine range of motion was also tested on 11/07/2013 which revealed flexion to 30 degrees, extension to 15 degrees, right rotations to 30 degrees, and left rotation to 30 degrees. The injured worker had a negative straight leg raise bilaterally. On 12/05/2013 cervical spine range of motion testing was performed and documented as follows; flexion was 40 degrees, extension was 45 degrees, right rotation was 65 degrees and left rotation was 65 degrees. The request for authorization was submitted on 12/15/2013 for additional chiropractic therapy at 2 times a week for 3 weeks for her cervical and lumbar spine due to cervical strain, lumbosacral strain with radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL CHIROPRACTIC THERAPY SESSIONS FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHIROPRACTIC CARE Page(s): 58-59.

Decision rationale: The request for 6 additional chiropractic therapy sessions for the cervical and lumbar spine is not medically necessary. The injured worker was noted that chiropractic therapy helped to improve her range of motion and reduce pain in the past. However, according to the California Chronic Pain Medical Treatment Guidelines state, extended durations of care beyond what is considered maximum may be necessary in causes of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. The guidelines recommend a trial of 4-6 visits and with documented objective functional improvements up to 18 visits over 6-8 weeks. The number of chiropractic therapy sessions completed to date was not submitted within the medical records. Therefore, the request is not medically necessary.