

Case Number:	CM13-0071879		
Date Assigned:	04/04/2014	Date of Injury:	08/15/2005
Decision Date:	05/27/2014	UR Denial Date:	12/24/2013
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 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 reported an injury on 08/15/2005; the mechanism of injury was noted as an industrial injury. The injured worker had a diagnosis of chronic pain and opioid type dependence. The injured worker reported chronic pain to her neck and bilateral upper extremities. The clinical note dated 12/11/2013 indicated the injured worker completed 6 chiropractic sessions to her neck with reported improvements in her symptoms. The injured worker reported worsening pain to her neck and worsening numbness to her left upper extremity for which she was taking 8 to 10 Norco per day. Upon physical exam the injured worker had tenderness to the paraspinal muscles, cervical spine flexion was 45 degrees, cervical spine extension was at 35 degrees, and cervical spine right and left lateral bending at 25 degrees. Strength in all muscle groups tested at 5/5. The injured worker has had a total of 12 chiropractic therapy sessions and reports very good functional improvement; the provider requested an additional 6 chiropractic therapy sessions to the cervical spine. The physician's treatment plan included a request on 12/11/2013 for additional chiropractic treatment times (6) sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR ADDITIONAL CHIROPRACTIC TREATMENT TIMES 6 SESSIONS FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: The California MTUS guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The documentation provided fails to indicate the injured worker has had outward signs of subjective or objective improvements. The injured worker reported very good functional improvement; however, the documentation failed to demonstrate objective quantified measures of improved function, decreased pain, and decreased limitations over the prior course of chiropractic care. Therefore, the request for additional chiropractic treatment times 6 sessions for the cervical spine is not medically necessary and appropriate.