

Case Number:	CM13-0072503		
Date Assigned:	01/08/2014	Date of Injury:	06/10/2013
Decision Date:	04/22/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 57-year-old female with a date of injury on June 10, 2013. The mechanism of injury was repetitive motion to the cervical spine while performing regular work duties. The patient has undergone conservative treatment including physical therapy, acupuncture, activity modification, and pain medications including anti-inflammatories. The patient experience improvement following physical therapy and acupuncture. Cervical MRI performed on July 31, 2013 documented straightening of the normal Lord on a curve, indicative of muscular spasm. There were also disc osteophyte complexes noted at C5-6 and C6-7. The disputed issue is a request for acupuncture. A utilization review performed on December 24, 2013 had noncertified this request stating that "from the records reviewed the patient has not responded to multiple conservative treatment protocols and there is no documentation provided describing why chiropractic care would be medically necessary at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, TWICE WEEKLY, BODY PART UNSPECIFIED QUANTITY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Manipulation Heading Page(s): 57-60.

Decision rationale: Chronic Pain Medical Treatment Guidelines manual & manipulation is "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. In the case of this injured worker, there is documentation of cervical musculoligamentous sprain and strain. The patient has tried acupuncture and physical therapy. There is no indication that the patient has previously tried chiropractic manipulation, which is recommended as an option. However, the guidelines specify that chiropractic manipulation should be initiated as a trial of 4 to 6 visits. With documentation of functional benefit, additional sessions of manipulation may be warranted. Given that this request is specifically for 12 visits, this is not consistent with guidelines the request for chiropractic treatment is not medically necessary.