

Case Number:	CM13-0072751		
Date Assigned:	05/07/2014	Date of Injury:	01/13/2012
Decision Date:	06/13/2014	UR Denial Date:	11/27/2013
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 licensed in Chiropractic Services 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 34-year-old female who reported injury on 01/13/2012. The diagnoses included cervical spine disc herniation at C5-6. Prior treatments included chiropractic care. The documentation of 11/14/2013 revealed that the injured worker was in a supply closet organizing equipment and bent over to view a monitor when she felt the onset of low back pain with radiation into the left leg as well as a twisting injury of the neck. The injured worker fell the following day, striking her neck, and sustaining a further twisting injury. The complaints on the date of examination revealed the injured worker had neck pain that was primarily localized to the posterior aspect of the neck. The injured worker complained of spasms and tightness. The injured worker had tenderness along the trapezius muscle bilaterally with no associated muscle spasm thickening or nodularity. The treatment plan included an aggressive chiropractic treatment to regain flexibility and build up strength. The injured worker had decreased range of motion. The injured worker indicated she had previous chiropractic treatments that provided some relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Manual Therapy & Manipulation, Page(s): 58-60.

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

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if it is caused by musculoskeletal conditions. There should be documentation of objective functional improvement prior to continuation of therapy. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic care. There was a lack of documentation of the objective functional benefit that was received from the chiropractic care. There was a lack of documentation of the quantity of sessions attended. The request as submitted failed to indicate the body part to be treated with chiropractic treatment. Given the above, the request for chiropractic treatment 2 times a week for 6 weeks is not medically necessary.