MAXIMUS Federal Services

Case Number:	CM14-0000083		
Date Assigned:	01/10/2014	Date of Injury:	08/29/2006
Decision Date:	10/29/2014	UR Denial Date:	12/18/2013
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 Chiropractics 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:

This is a 35-year-old female with an 8/29/06 date of injury. A specific mechanism of injury was not described. According to a progress report dated 12/2/13, it is noted that the patient has received 2 chiropractic therapy treatments, which have been quite helpful. Her symptoms, otherwise, remain unchanged. Objective findings: slight trapezial and paracervical tenderness on the right, provocative maneuvers for thoracic outlet syndrome positive on the right, mild lateral epicondylar tenderness on the right, grip strength diminished on the right. Diagnostic impression: right thoracic outlet syndrome, right upper extremity tendonitis, right trapezial and paracervical strain, right lateral epicondylitis, resolved right cubital tunnel syndrome. Treatment to date: medication management, activity modification, chiropractic treatment.A UR decision dated 12/18/13 denied the request for 12 visits of chiropractic therapy. The patient has received the amount of therapy recommended by guidelines. There is no reason the patient is unable to continue with a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twelve visits (cervical and thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Guidelines (ODG) Neck and Upper Back Chapter - Manipulation.

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. However, in the present case, it is noted that the patient has received 2 chiropractic therapy treatments, which have been quite helpful, yet her symptoms remain unchanged. It is unclear how the previous treatments have been helpful when the patient does not have any improvement in her symptoms. There is no documentation of functional improvement or gains in activities of daily living from the prior chiropractic therapy sessions. Therefore, the request for Chiropractic Therapy, Twelve Visits (Cervical And Thoracic Spine) was not medically necessary.