

Case Number:	CM14-0006789		
Date Assigned:	02/07/2014	Date of Injury:	04/24/2002
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 patient is a 38-year-old female with date of injury of 04/24/2002. The listed diagnoses according to [REDACTED], dated 11/22/2013, are: 1. Cervical sprain/strain. 2. Thoracic sprain/strain. According to the handwritten progress report, the patient complains of paracervical and thoracic pain. Her pain is 7/10. Objective findings show decreased range of motion in the cervical spine. Upper extremity strength is 3/5. The rest of the report was illegible. The utilization review denied the request on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS, X3 CONSISTING OF MYOFASCIAL RELEASE, INFRARED, AND MANIPULATION TO THE CERVICAL AND THORACIC SPINE:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 58

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments: (.

Decision rationale: This employee presents with neck, back, and low back pain. The treating provider is requesting 3 chiropractic treatments consisting of myofascial release, infrared and manipulation to the cervical and thoracic spine. The MTUS guidelines page 58 and 59 on manual therapy and manipulation recommend chiropractic treatments for chronic pain if caused by musculoskeletal conditions. In addition, a trial of 6 visits over 2 weeks is recommended and with evidence of objective functional improvement up to a total of 18 visits over 6 to 8 weeks. The 46 pages of records do not show any recent or prior chiropractic reports to verify how many treatments the employee has received thus far. In this case, it does not appear that the employee has had a recent course of chiro and a short course of 3 sessions appear reasonable to provide to address the employee's flare-up. Recommendation is for authorization.