

Case Number:	CM14-0007769		
Date Assigned:	04/30/2014	Date of Injury:	05/22/2013
Decision Date:	07/08/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/16/2014

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 Orthopedic Medicine, 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 39-year-old whose date of injury is May 22, 2013. She reports she sustained cumulative trauma injury to her neck. Note dated December 2, 2013 indicates that the injured worker has been attending chiropractic therapy. She continues to report intermittent moderate neck pain and numbness and tingling in the 4th and 5th digits of the right hand. On physical examination cervical distraction test is mildly positive. Cervical compression is negative. Diagnoses are cervical sprain/strain with radicular complaints; thoracic sprain/strain; right wrist/hand tenosynovitis; and lumbar spine sprain/strain. Additional chiropractic treatment was recommended. Functional capacity evaluation dated December 11, 2013 indicates that job demand classification is sedentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL CHIROPRACTIC THERAPY FOR THE CERVICAL SPINE (2) TIMES A WEEK FOR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 58-60.

Decision rationale: The submitted records fail to document significant objective functional benefit secondary to chiropractic treatment completed to date. Therefore, efficacy of treatment is not established, and the Chronic Pain Medical Treatment Guidelines are not met. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. The request for additional chiropractic therapy for the cervical spine twice weekly for four weeks is not medically necessary or appropriate.