

Case Number:	CM14-0008718		
Date Assigned:	02/12/2014	Date of Injury:	02/03/2013
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 licensed in Chiropractor 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 patient is a 37-year-old male who has submitted a claim for cervical spine strain; r/o fracture, closed head trauma and lumbar radiculopathy, associated with an industrial injury date of February 3, 2013. Medical records from 2013 were reviewed. The latest progress report, dated 12/10/2013, showed persistent intermittent moderate neck pain and frequent moderate low back pain. Physical examination revealed tenderness and spasms in cervical paravertebral muscles. There was limited range of motion. Lumbar paravertebral muscles were tender with spasms and restricted range of motion. Straight-leg raising test was positive bilaterally. Treatment to date has included 8 sessions of chiropractic therapy, physical therapy, acupuncture, and medications. Utilization review from 01/08/2014 denied the request for appeal of chiropractic treatment 12 sessions (cervical spine, lumbar spine) due to lack of sufficient documented evidence of functional or symptomatic benefit from the chiropractic care provided. The pain levels have not been documented, there were no valid and reliable outcome assessment measures, changes in range of motion have not been documented and there was no change in medications or work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 12 SESSIONS FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The CA MTUS ACOEM Practice Guidelines 2nd Edition (2004) Chapter 8, page 173 states that 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, according to page 58 of the Chronic Pain Medical Treatment Guidelines regarding chiropractic treatment, there should be evidence of objective functional improvement with previous treatment. In this case, the patient had 8 sessions of chiropractic care for the neck and back since November 2013. A recent progress report, dated 12/10/2013, cited that chiropractic care has improved his symptoms. Although it was claimed that the treatment had helped, objective evidence such as decrease in pain score and improvement in functionality with activities of daily living were not documented. Furthermore, there was no change in medication and work status. Therefore, the request for 12 sessions of chiropractic treatment for cervical and lumbar spine is not medically necessary.