

Case Number:	CM14-0104490		
Date Assigned:	09/18/2014	Date of Injury:	09/30/2013
Decision Date:	10/20/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Chiropractic 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 claimant is a 24-year-old female who was involved in a work injury on 9/30/2013. The injury was described as a repetitive trauma injury. The claimant was diagnosed with cervical spine intervertebral disc degenerative disease, carpal tunnel syndrome, thoracic sprain, and lumbar sprain. It appears that the claimant self procured chiropractic treatment and received 9 visits over 5 months but that her "symptoms elevated substantially during March 2014 with consistent work responsibilities." On 4/4/2014 the claimant presented to the office of [REDACTED], DC, for an initial chiropractic evaluation. A course of chiropractic treatment was initiated with the claimant receiving approximately 18 visits through 6/19/2014 at which time a reevaluation was performed by [REDACTED]. On 6/20/2014 pain levels noted to be 5/10. The neck disability index was scored at 44%. [REDACTED] submitted a request for 6 additional chiropractic treatments. This request was denied by the insurance company. There was also a request for the purchase of a tens unit. This was denied by peer review. The claimant underwent an extensive course of acupuncture from 6/20/2014 through 9/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times six (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

Decision rationale: The MTUS Chronic Pain Guidelines give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." At the time of this request the claimant had received approximately 18 sessions of therapy with no improvement. At the time of the 4/3/2014 initial evaluation the claimant complained of neck pain at 6/10 on the visual analogue scale. Ranges of motion findings were noted to be 48 in flexion, 58 and extension, right rotation 72, left rotation 72, right lateral bending 40 and left lateral bending at 40. At the time of the reevaluation on 6/19/2014 the claimant noted range of motion of 60 in flexion, 45 an extension, 75 right rotation, 70 left rotation, 35 in left lateral flexion and 35 in right lateral flexion. This clearly indicates an absence of improvement in range of motion findings. Pain levels on 6/20/2014 were 5/10 on the visual analogue scale. This clearly indicates an absence of subjective and objective improvement. Moreover, there was no evidence of functional improvement as a result of the previous course of treatments. Therefore, the medical necessity for the requested 6 additional treatments was not established.