

Case Number:	CM14-0108680		
Date Assigned:	08/01/2014	Date of Injury:	09/17/2003
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 claimant is a 55-year-old female who was involved in a work injury on 9/7/2003 in which she injured her neck, midback, and bilateral shoulders. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant has since treated on a periodic basis for occasional exacerbations. On 1/10/2011 the claimant presented to the office of [REDACTED] complaining of an exacerbation of her chronic neck, midback, and left shoulder complaints. It was reported that the claimant's complaints were flared up due to household chores, cleaning, vacuuming and that the claimant used "at home uses stretching/exercising for pain control." The claimant was diagnosed with cervical, thoracic, and bilateral shoulder pain. A request for 6 chiropractic treatments was submitted and certified by peer review. On 7/25/2011 the claimant returned to the provider's office complaining of an exacerbation of her chronic neck complaints. A request for 6 chiropractic treatments was submitted and certified by peer review. On 2/17/2012 the claimant returned to the provider's office complaining of an exacerbation of her chronic neck complaints. A request for 6 sessions of treatment was submitted and denied by peer review based on the absence of subjective complaints and objective findings on the documentation. On 1/5/2013 claimant was reevaluated by [REDACTED] for complaints of neck pain at 7/10 on the visual analogue scale. A request for 6 sessions of chiropractic treatment was submitted and certified by peer review. On 9/30/2013 a request for 6 additional sessions of chiropractic treatment works submitted and authorized. On 2/8/2014 [REDACTED] reevaluated the claimant for complaints of increased neck midback, and shoulder pain at 9/10 on the visual analogue scale. A request for 6 sessions of chiropractic treatment was submitted and authorized by peer review. The claimant received treatment through 3/17/2014. On 7/4/2014 the claimant returned to the provider's office complaining of neck and shoulder pain. A request for 6 treatments was submitted and denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient six office visits of chiropractic treatment three times a week over two weeks:
Overturned

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: A review of the past treatment history revealed that prior to this request the claimant has treated on a periodic basis. The MTUS chronic pain treatment guidelines, page 58, 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." The claimant was authorized 6 visits in January 2013, 6 visits in September 2013 and 6 treatments in February 2012. It appears that the claimant has treated on a periodic basis for exacerbations. Following treatment there was noted improvement in functional abilities with the claimant able to return to a home exercise program. Therefore, Outpatient six office visits of chiropractic treatment three times a week over two weeks is medically necessary.