MAXIMUS Federal Services

Case Number:	CM14-0109837		
Date Assigned:	08/01/2014	Date of Injury:	11/04/2013
Decision Date:	11/14/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 patient is a 55-year old male who was injured on 11/04/2013. The mechanism of injury is unknown. Progress report dated 07/12/2014 states the patient was seen for constant to moderate neck pain with stiffness aggravated by looking up and looking down. On exam, there is tenderness of the cervical spine with muscle spasms of the cervical paravertebral muscles. Cervical compression is positive and shoulder depression is positive bilaterally. The patient is diagnosed with headaches, cervical myospasms, cervical pain, cervical radiculopathy, and cervical sprain/strain. The patient has been recommended for chiropractic sessions to increase range of motion and activities of daily living and decrease pain. Prior utilization review dated 06/12/2014 states the request for Chiropractic 8 treatments (Cervical) is denied as there is a lack of documented evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic - 8 treatments (Cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Per The CA MTUS guidelines, Chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.Low back: 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 a 6-8 week.A review of the records fails to document any specific deficits this patient was found to have upon examination which would warrant the requested treatment. The provider also fails to define specific goals this patient would appreciate, with the requested treatment, in measurable functional capacity aiding this patient to transition into an HEP and eventual RTW. Further, the request for 8 Chiropractic treatments requested, with not designated time line for that treatment does not meet the recommendations of the CA MTUS guidelines of an initial trial of 6 visits within 2 weeks. For the reasons outlined above, this request for 8 Chiropractic sessions would not be medically necessary.