

Case Number:	CM14-0011916		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2013
Decision Date:	08/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for neck, mid back, and left shoulder pain reportedly associated with an industrial injury of October 28, 2013. In a Utilization Review Report dated January 22, 2014, the claims administrator partially certified a request for 9 to 12 sessions of chiropractic manipulative therapy as an initial course of six sessions of chiropractic manipulative therapy. Non-MTUS ODG Guidelines were invoked in conjunction with MTUS Guidelines. The applicant's attorney subsequently appealed. In a request for authorization form dated January 21, 2014, 12 sessions of chiropractic manipulative therapy to include modalities such as myofascial release, interferential stimulation, infrared therapy, exercises, and soft tissue immobilization were sought. In a progress note of the same date, January 21, 2014, the applicant presented with persistent complaints of neck pain, upper back pain, shoulder pain, and headaches. Limited cervical range of motion was noted. 12 sessions of chiropractic physiotherapy were sought. Work restrictions were endorsed. It was not stated whether or not the applicant was, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/Physiotherapy 3 times a week for 4 weeks (qty: 12) for the cervical/thoracic spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 173, manipulation, as with any passive or manual approach to injury care, should be incorporated within the context of functional restoration as opposed to for pain control purposes alone. In this case, thus, the 12-session course of chiropractic manipulative therapy being sought by the attending provider runs counter to ACOEM principles and parameters. A 12-session course without intervening reassessment of the applicant at some point in the course so as to determine the presence or absence of functional improvement with the same is not endorsed by ACOEM, which qualifies its recommendation for chiropractic manipulative therapy by stating that it should only be employed in the context of a functional restoration program. The 12 sessions of chiropractic manipulative therapy, runs counter to ACOEM principles and parameters. Accordingly, the request is not medically necessary.