

Case Number:	CM14-0014021		
Date Assigned:	02/26/2014	Date of Injury:	12/03/1990
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/30/2014

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 Chiropractor and is licensed to practice in Texas. 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 injured worker is a 53 year old female with a reported date of injury on 12/03/1990. The injury reportedly occurred when the worker fell down a flight of stairs in a parking garage. The injured worker complained of headaches that caused eye strain and difficulty concentrating. The injured worker's physical findings included positive right and left foraminal compression. Left shoulder restricted range of motion with muscle guarding and tenderness. The injured worker's cervical lordosis represented as straightened with a pronounced upper thoracic kyphosis. There was restriction of cervical and thoracic range of motion with +2 tenderness and muscle guarding. According to the clinical note dated 03/11/2014, the injured worker has attended chiropractic treatment for flare-ups. The injured worker stated that she noticed immediate improvement with diminished pain and increased mobility after chiropractic treatment. The injured worker has been provided with stretches and conditioning. The injured worker's diagnoses included cephalgia, cervical segmental dysfunction, thoracic segmental dysfunction, and cervical sprain/strain. The injured worker's medication regimen was not provided within the documents available for review. The Request for Authorization of 3 more chiropractic sessions was submitted on 02/03/2014. The goals of 3 additional chiropractic treatments are to bring about pain relief and help increase physical function in periods of exacerbations. According to the requesting physician, treatment helps maximize work activity tolerance and reduces recurrences.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MORE CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured workers therapeutic exercise program and return to productive activities. According to the guidelines, recurrences/flare-ups needs to be re-evaluated for treatment success. If improvement is achieved, then 1-2 visits every 4-6 months would be recommended. The injured worker has undergone an unspecified number of chiropractic sessions; there is a lack of clear objective findings of functional improvement related to previous chiropractic sessions. The request for 3 more chiropractic sessions would exceed recommended guidelines. Therefore, the request for 3 more chiropractic sessions is not medically necessary.