MAXIMUS Federal Services

Case Number:	CM14-0014293		
Date Assigned:	02/21/2014	Date of Injury:	01/28/2008
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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 a licensed Doctor of 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 injured worker is a 52 year old female with a date of injury of 1/28/2008. The mechanism of injury is reported as sitting down on a chair incorrectly and falling into a wall. Current complaints include neck pain, low back pain, and complaints in the extremities. A review of documents indicate the patient had treatments which included physical therapy; chiropractic care; epidural steroidal injections; medications (Lyrica, Soma, and Baclofen), and MRI studies (disc bulges throughout the cervical and lumbar spine). Most recent examination on 1/15/2014 ([redacted] demonstrated no acute distress; crepitus and pain on the left with cervical range of motion; and low back pain greater than leg pain. Diagnoses were degenerative cervical intervertebral disc; cervical spondylosis without myelopathy; displacement of cervical disc without myelopathy; cervicalgia; degenerative lumbar/lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; lumbago; thoracic/lumbosacral neurtitis/radiculitis unspecified; spasm of muscle; and unspecified myalgia and myositis

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE NECK AND LOW BACK; 2-3X4 WEEKS SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OMPG, PAIN AND SUFFERING CHAPTER 6, 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation...

Decision rationale: Regarding chiropractic manipulation, the California Chronic Pain Medical Treatment Guidelines state manipulation is: "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." Submitted records indicate the patient had over 25 chiropractic visits since 2013. Proceeding with additional chiropractic visits is not medically necessary. Therefore, the request for chiropractic care for the neck and low back; two to three times a week for four weeks is not medically necessary.