

Case Number:	CM14-0014822		
Date Assigned:	03/28/2014	Date of Injury:	08/30/2011
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 is a licensed 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 34-year-old female who was involved in a work injury on 8/30/2011 in which she injured her neck and back. The injury was described as the claimant fell backwards onto her buttocks and hands. The claimant presented to the local industrial clinic 2 days later complaining of bilateral shoulder, neck, and lower back pain. The claimant was diagnosed with trapezius and lumbar strain. The claimant underwent an initial chiropractic evaluation with [REDACTED], on 6/25/2013. The claimant was diagnosed with sciatica, lumbosacral sprain/strain, myofascitis, and lumbar radiculitis. A course of chiropractic treatment was initiated with the claimant receiving 30 treatments through 9/4/2013. Treatment consisted of manipulation and passive physiotherapy modalities. On 10/30/2013 the claimant was reevaluated by [REDACTED], for complaints of neck, left shoulder, and low back pain. The claimant was diagnosed with cervical, right shoulder, left shoulder, and lumbar spine sprain/strain. The report indicated that the claimant "received 2 chiropractic treatments with [REDACTED], since her last visit. She paid for this out of pocket. The patient feels the chiropractic adjustment and massage therapy was very helpful. The report indicated that the claimant "reports great beneficial results from chiropractic treatment. The patient states she paid out of pocket to this. Unfortunately, the previously requested chiropractic treatment for the cervical spine and lumbar spine was denied." The recommendation was for an MRI of the cervical and lumbar spine and 8 physical therapy treatments. On 12/4/2013 the claimant was reevaluated by [REDACTED] for complaints of neck, left shoulder, and lower back pain. The claimant was diagnosed with cervical, right shoulder, left shoulder, and lumbar spine sprain/strain. The recommendation was for a course of 8 physical therapy treatments for the cervical spine and lumbar spine. This request was denied by peer review. On 1/8/2014 [REDACTED] reevaluated the claimant. The report indicated that the claimant received 6 sessions of

chiropractic treatment with overall improvement. This resulted in a request for 4 additional chiropractic treatments. This request was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE, ONCE A WEEK FOR FOUR WEEKS, FOR THE CERVICAL SPINE AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANIPULATION SECTION Page(s): 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines 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." This claimant underwent 30 sessions of chiropractic treatment from 6/25/2013 through 9/4/2013 with no evidence of lasting functional improvement. The requested 4 additional treatments are not supported for medical necessity given the absence of functional improvement as a result of the previous course of chiropractic care. Therefore, the request for chiropractic care, once a week for four weeks for the cervical spine and lumbar spine is not medically necessary and appropriate.