

Case Number:	CM14-0016558		
Date Assigned:	04/11/2014	Date of Injury:	05/09/2013
Decision Date:	05/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 47-year-old male who reported injury on 05/09/2013. The diagnosis was sprain of the neck. The mechanism of injury was the injured worker was operating a forklift and another machine heavier than the forklift collided with the forklift as the other operator was coming out of an aisle on reverse. The documentation on 12/19/2013 revealed the injured worker had constant complaints of upper back pain rated at mild to moderate. The injured worker continued to have lower back pain as well. The diagnoses included cervical spine sprain/strain with radiculitis, cervical disc bulge, lumbar spine sprain/strain with radiculitis, lumbar disc bulge, myospasms, bilateral elbow pain, anxiety, and depression. The treatment request was for physiotherapy 1 time a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X PER WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter

Decision rationale: The MTUS Chronic Pain Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. However, as they do not directly address the cervical spine, secondary guidelines were sought. Official Disability Guidelines recommend manual therapy for grade II whiplash with evidence of objective functional improvement up to 18 visits over 6 weeks to 8 weeks. The clinical documentation submitted for review failed to indicate objective functional benefit received from prior chiropractic care. There was a lack of documentation indicating the quantity of sessions that were attended. Additionally, there was a lack of documentation indicating an objective physical examination to support the necessity for chiropractic care. The physician documentation requested 1 visit per week x 6 weeks. However, the request as submitted was for 2 visits x 6 weeks. Given the above, and the lack of clarity, the request for chiropractic 2 times per week for 6 weeks for the cervical spine is not medically necessary and appropriate.