

Case Number:	CM14-0019093		
Date Assigned:	04/21/2014	Date of Injury:	08/19/2013
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 patient is a 62 year old female who experienced a work related injury on 08/19/2013. She reported, "I was opening a closet door and a plastic box with books in it fell and hit me on the head." The patient presented for medical care on 08/30/2013 with complaints of neck and back pain; per examination she exhibited full spine range of motion, heel/toe ambulation without difficulty, tenderness of the thoracolumbar spine and paravertebral musculature, no weakness of the lower extremities, normal DTRs and distal pulses, no sensory changes to light touch or pinprick, negative SLR, negative Patrick-Fabere test, negative Waddell's sign, the neck was painful to palpation; she was diagnosed with cervicalgia and lumbago, and there was a request for chiropractic treatment at a frequency of 2 times per week for 3 weeks. The patient was to continue work without restrictions. The patient presented for chiropractic care on 10/01/2013 with neck and low back pain. The physical exam record of 10/01/2013 reported paracervical and trapezius muscle tenderness, decreased cervical range of motion, and there was a request for chiropractic treatment at a frequency of 2 times per week for 3 weeks. An examination was performed on the patient's 6th chiropractic treatment session, 10/22/2013, with findings essentially unchanged from those noted on the exam record of 10/01/2013. Per a medical record of 10/24/2013, the patient presented with neck pain, trapezius pain, and lower back pain, and there was a request for chiropractic treatment at a frequency of 2 times per week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC EVALUATE AND TREAT TWICE WEEKLY FOR 5 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: This patient completed a 6 visit chiropractic treatment trial from 10/01/2013 through 10/22/2013 without evidence of objective functional improvement with care rendered. The MTUS Chronic Pain Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. There was no evidence of objective functional improvement achieved with the 6 visit chiropractic treatment trial from 10/01/2013 through 10/22/2013 and elective/maintenance care is not supported to be medically necessary. Therefore, the request for 10 additional chiropractic sessions is not medically necessary.