

Case Number:	CM14-0019630		
Date Assigned:	04/30/2014	Date of Injury:	03/23/2010
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 the District of Columbia. 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 51 year old female who sustained a work related injury on 3/23/2010. The diagnoses from the Progress Report-2 dated 1/27/14 were cervical spine disc protrusion, radiculopathy and thoracic dysfunction. According to the report, the patient's complaints were neck pain described as tight, cramping and burning and accompanied by left arm pain. The pain level noted was 6-7/10 and constant and "controlled" by non-steroidal anti-inflammatory medications (NSAIDs). Objective findings were; cervical spine flexion 50/60 degrees; extension 40/50; right rotation 60/80; left rotation 70/80; right lateral flexion 20/40; left lateral flexion 30/40. No orthopedic or neurologic tests were found noted. The patient had thirty sessions of chiropractic care authorized as of 2/22/13. The provider has requested chiropractic physiotherapy in the amount of 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES A WEEK FOR 3 WEEKS FOR THE NECK:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Progress Report-2 dated 1/27/14 does not support objective improvement in comparison to the previous progress note dated 12/4/13. Additionally, there are no orthopedic, neurologic or motor tests to support improvement and/or need for future care. MTUS Chronic Pain Medical Treatment Guidelines state that treatment beyond 4-6 weeks should be documented with objective improvement in function. Because there has not been a clear demonstration of improvement in function, medical necessity for additional chiropractic care has not been established. Therefore, the request for additional 2x3 chiropractic sessions is not medically necessary.