

Case Number:	CM14-0114847		
Date Assigned:	08/04/2014	Date of Injury:	03/14/2011
Decision Date:	09/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/22/2014

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 licensed in Chiropractic Services 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's age and date of birth are not reported. While working for the [REDACTED], the patient experienced an injury to her neck on 03/14/2011, with no biomechanical history of injury noted. The patient has been treating with chiropractic care since prior to 10/22/2013. The chiropractor's PR-2 reports of 10/22/2013, 11/26/2013, 01/23/2014, 05/09/2014, and 07/07/2014 each indicate a straightening of the cervical lordosis with +3 muscle guarding in the sub occipital region, head and neck in a guarded position, subluxation of C2, left cervical lean with muscle guarding, and cervical ROM restricted. No patient complaints, historical information, measured objectives or treatment plan with rationale, procedures, and measurable goals were provided for this review. There is a request for three chiropractic visits for the neck and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy x 3 visits, neck and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain 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. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of neck conditions; therefore, MTUS guidelines are not applicable in this case relative to the request for chiropractic care of neck complaints. Because MTUS does not specifically address the upper and mid back, ODG is the reference source. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. The submitted documentation notes the patient has been treating with chiropractic care since prior to 10/22/2013. The chiropractor's PR-2 reports of 10/22/2013, 11/26/2013, 01/23/2014, 05/09/2014, and 07/07/2014 report objectives unchanged and do not report history updates. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 3 chiropractic treatment sessions exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.