MAXIMUS Federal Services

Case Number:	CM14-0125884		
Date Assigned:	08/13/2014	Date of Injury:	01/25/2012
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male with a reported date of injury on 01/25/2012. The mechanism of injury was not provided within the documentation available for review. His diagnoses included neck pain and myospasm, bilateral upper shoulder pain, and myofascial pain of the bilateral upper shoulders. Previous conservative care included physical therapy, chiropractic care, heat and ice, as well as activity modification. The injured worker presented with continued episodes of frequent sharp and burning discomfort in the upper back, rated at 4/10. Upon physical examination, the injured worker presented with tenderness on palpation of the trapezius and "mid transcatheter" at the spinal muscles. There was tenderness to palpation of the posterior paracervical muscles and loss of intersegmental joint mobility at the C5 joint. His cervical spine range of motion revealed extension to 35 degrees, flexion to 30 degrees, right lateral rotation to 60 degrees, and left lateral rotation to 70 degrees. The injured worker's treatment plan included education, home exercises, and postural techniques, to resume NSAIDs as needed, a prescription for Terocin lotion, and no work above shoulder level. The physician indicated that the additional chiropractic treatments were requested to see if they can assist the injured worker with his symptomatic experience. The Request for Authorization for additional chiropractic treatment (x8) was submitted on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatment (x8): 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.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend treatment parameters from state guidelines time to produce effect is 4 treatments to 6 treatments, with a frequency of 1 time to 2 times per week. Treatment may continue at 1 treatment per week for the next 6 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical information provided for review lacks documentation related to the number of chiropractic treatments the injured worker has previously received. There is a lack of documentation related to the improved function, decreased pain, and improved quality of life as it relates to the previous chiropractic care. In addition, the request as submitted failed to provide a specific site at which the chiropractic treatment was being requested. Furthermore, the request for 8 chiropractic treatments exceeds the recommended guidelines. Therefore, the request for Additional Chiropractic treatment (x8) is non-certified.