

Case Number:	CM14-0141664		
Date Assigned:	09/10/2014	Date of Injury:	07/05/2005
Decision Date:	11/18/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 injured worker is a 30-year-old male who was involved in a work injury on 11/3/2013. The injury was described as a cumulative trauma injury. On 4/4/2014 the injured worker was evaluated for complaints of back pain that is worsened with activities of daily living such as lifting, standing, and walking. The recommendation was for a trial of chiropractic treatment. On 5/15/2014, the injured worker underwent a chiropractic evaluation. The injured worker noted multiple subluxations in the cervical, thoracic, and lumbar spine. Available for review were treatment notes for dates of service 7/2/2014 and 7/16/2014. Also available for review were chiropractic evaluation notes dated 5/15/2014 and 6/16/2014 and an associate of the PTP and orthopedist evaluations. On 7/18/2014, the injured worker was evaluated for complaints of cervical spine tenderness and tenderness to palpation over the posterior paravertebral musculature. The injured worker was diagnosed with cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis. The recommendation was for 6 additional chiropractic treatments at 2 times per week for 3 weeks. This was initially denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 3 weeks for the neck, low back, and bilateral shoulders: Upheld

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

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

Decision rationale: The medical necessity for the requested 6 treatments on the 7/18/2014 evaluation was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The injured worker underwent a course of chiropractic treatment with no evidence of improvement. The therapy evaluations dated 5/15/2014 and 6/16/2014 revealed no evidence of improvement. In fact, pain levels went from 5/10 to 6/10 in the cervical spine and 6/10 to 7/10 in the lumbar spine. The 7/2/2014 SOAP note indicates that "patient states 1st treatment relief with gradual return to baseline." Given the absence of functional improvement as a result of the initial 6 visit clinical trial, the medical necessity for the requested 6 additional treatments was not established. Therefore, the request is not medically necessary.