

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0021561 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 08/01/2013 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 is a 29 year old female who was injured on 08/01/2013 while performing repetitive activities due to cleaning rooms and stress on the job. Clinic noted dated 01/10/2014 states the patient reports intermittent neck pain, constant mid back pain with associated spasms, low back soreness with spasms, frequent headaches, numbness and tingling. Prior treatment history has included 6 sessions of chiropractic treatments; Naproxen, ibuprofen and anxiety medications. On examination of the cervical spine, range of motion exhibits left lateral flexion to 35; right lateral flexion to 30; rotation to 75 bilaterally. The patient complained of pain on all ranges of cervical motion. Cervical compression test produced neck pain. There tenderness present when palpating over the spinous process from C7 and the associated paracervical musculature bilaterally. The dorsal lumbar spine exhibits flexion to 65 degrees. She has pain on all range of motion of the dorsal lumbar motion. Kemp's test was positive bly for low back pain. Milgram's test was positive for low back pain. Straight leg raise test was positive bilaterally at 55 degrees for low back pain. There was tenderness present when palpating over the spinous processes from T1 to L5 and the associated paraspinal musculature bilaterally. Supplemental report dated 05/06/2014 reports the patient has neck pain that is intermittent and rated to 7-10/10; low back pain daily but is intermittent and radiates to 7-8/10 and extending into both legs. She has middle back pain that is intermittent and rated at 4/10. She complains of occasional spasms in mid back/torso area. Neurological exam reveals deep tendon reflexes measured 2+ and were equal bilaterally for both upper and lower extremities. Impressions are cervical sprain/strain, lumbar sprain/strain, thoracic sprain/strain, and myofascitis of the cervical, thoracic and lumbar spine. The treatment and plan include chiropractic treatments twice a week for 3 weeks. Prior UR dated 01/27/2014 states the request for chiropractic treatments are non-certified as there is no documented functional improvement with prior treatments of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to the CA MTUS guidelines, Manual therapy & manipulation is recommended 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 medical records document the patient was diagnosed with cervical sprain/strain, lumbar sprain/strain, thoracic sprain/strain, and myofasciitis of the cervical, thoracic, and lumbar spine. The patient had received 6 sessions of chiropractic treatment. In the absence of documented significant improvement of pain and function. Therefore, the request for continued chiropractic treatment is not medically necessary according to the guidelines.