

Case Number:	CM14-0022298		
Date Assigned:	06/11/2014	Date of Injury:	06/01/2000
Decision Date:	07/29/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/21/2014

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 Chiropractor, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 female of unknown age who reported an injury on 06/01/2000 of unknown mechanism of injury. The injured worker had a history of neck and upper back pain. The injured worker had a diagnosis of cervical-dorsal strain and lumbar stain. The physical examination of the neck on 12/09/2013 revealed a 95 percent improvement with slight exacerbations and pain with range of motion. Tenderness and fixation at the C1-C2 and occiput was noted. The thoracic region indicated right moderate convexity. Per note dated 01/13/2014 the prior treatments included Chiropractic treatments which had shown good results. Per the note dated 04/23/2013 the injured worker rated her pain 8/10 to the neck and upper back region without medication. The treatment plan included Chiropractic treatment to the back and home exercise. The authorization form dated 02/25/2014 was submitted with documentation. The provider's rationale for the request was to support stabilization of the cervical and mid cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TO BACK QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines recommend that the injured worker reduce the frequency of visits to the point where a where maximum therapeutic benefit is achieved. The injured worker should be encouraged to do active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to their usual activity levels despite residual pain. They should avoid catastrophizing and overdependence on physicians, including doctors of chiropractic's. The recommended 6 visits and then 12 more for a total of 18 visits. The documentation provided stated that the injured worker had seen a chiropractor for 6 years; however, the specific number of completed sessions is not indicated. The documentation provided states that the injured worker improved 95 percent and was completing home exercises. The request did not address the location that the chiropractic treatment was indicated for. As such, the request for Chiropractic Treatment back Qty 4 is not medically necessary.