

Case Number:	CM14-0022844		
Date Assigned:	06/11/2014	Date of Injury:	06/26/2009
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 43 year old female who reported an injury on 06/26/2009 from a motor vehicle accident. The injured worker had a history of neck pain radiating into upper back. Upon examination on 10/30/2013 the injured worker continued with cervical and lumbar spine pain. Cervical spine examination revealed 70 degrees of flexion and extension. The injured worker had 100 degrees of lumbar flexion and 20 degrees of extension. The diagnostic study of the MRI thoracic spine on 07/27/2009 was unremarkable. The cervical spine had 1.1 mm disc bulge at C3-4, 1.3 mm disc bulge at C4-5, 1 mm disc bulge at C5-6. There was minimal central canal narrowing noted at C3-4 and C4-5. Mild left foraminal narrowing was noted at C5-6. The injured worker diagnoses are cervicgia, low back syndrome, spasm of muscle, kyphosis (acquired) (postural), sprain of neck, sprain lumbar region, and cervical herniated nucleus pulpous. Medication is for Voltaren gel 5 pack apply 2 g. The treatment plan is for chiropractic treatment 2 times a week for 6 weeks, aquatic treatment 1 time a week for 6 weeks, and trial voltaren gel 2g topical for time a day. The request for authorization form was dated 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC THERAPY FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has a history of neck pain radiating into upper back. The California Medical Treatment Utilization Schedule (MTUS) guidelines state the use of manual therapy and manipulation is 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The request is for 12 sessions of chiropractic therapy for the cervical and lumbar spine. The request is in excess of the guidelines recommendations. In addition, there is a lack of documentation of any significant functional deficits on physical examination to warrant therapy at this time. As such, the request is not medically necessary and appropriate.