

Case Number:	CM14-0023200		
Date Assigned:	05/14/2014	Date of Injury:	12/18/2012
Decision Date:	08/06/2014	UR Denial Date:	02/14/2014
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 Board Certified in Occupational Medicine 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 47 year old male who has submitted a claim cervical and lumbar strain associated with an industrial injury date of 12/18/2012. Medical records from 08/2/2013 to 02/14/2014 were reviewed and showed that the patient complained of sharp neck pain graded 4/10 with radiation and tingling down the right upper extremity. There were complaints of constant low back pain graded 7/10 radiating down the right lower extremity. Physical examination of the cervical spine revealed non-specific tenderness in the cervical spine. Physical examination of the lumbar spine revealed left paralumbar muscles tenderness with limited ROM. An MRI of the cervical spine dated 10/02/2013 revealed C4-7 central disc protrusion. An MRI of the lumbar spine dated 10/02/2013 revealed L4-5 central disc protrusion and degenerative changes at L5-S1. Treatment to date has included physical therapy, home exercise program, and pain medications. A utilization review dated 02/14/2014 modified the request for twelve visits of chiropractic care for the cervical and lumbar spine to six visits because chiropractic care was indicated within the guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC THERAPY VISITS FOR THE CERVICAL AND LUMBAR SPINE: 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): 59-60.

Decision rationale: According to the MTUS Chronic Pain Guidelines, manual therapy such as chiropractic care 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 recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, the request for chiropractic care exceeds the guidelines recommendation. Furthermore, chiropractic treatment is not recommended for the cervical spine. Therefore, the request is not medically necessary.