

Case Number:	CM14-0024558		
Date Assigned:	06/11/2014	Date of Injury:	09/14/1998
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 54-year-old female with an injury reported on 09/14/1998. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/12/2014 reported that the injured worker complained of neck pain and stiffness. The physical examination revealed normal cervical lordosis with a thyroid incision that was healed. No obvious deformities, skin changes, ecchymosis, and no shoulder asymmetry were noted per physical examination. It was reported that there was tenderness to palpation to cervical spine in the mid to lower cervical region. The neurological exam revealed motor strength of the upper extremities was 5/5 and symmetric in the deltoids, biceps, triceps, interossei, wrist flexors, wrist extensors, finger flexors, finger extensors. The range of motion of the injured worker's cervical spine demonstrated flexion to 30 degrees, extension to 20 degrees, left and right lateral bending to 20 degrees, and left and right rotation to 40 degrees. A cervical x-ray revealed no evidence of instability, slight kyphosis on flexion was noted at C4-5 with slight interior osteophyte. The injured worker's diagnoses included chronic persistent axial neck pain secondary to work related injury, status post bilateral cubital tunnel release, slight kyphosis at C4-5, and slight retrolisthesis at C4-5. The treating physician requested chiropractic treatment, due to the injured worker's positive previous chiropractic sessions. The Request for Authorization was submitted on 02/2/2014. The injured worker's previous treatments included chiropractic treatment and medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT CHIROPRACTIC TREATMENTS: 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): 58.

Decision rationale: The CA MTUS guidelines recommend manual therapy 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. A trial of 6 visits over 2 weeks is an option, with evidence of objective functional improvement, to a total of up to 18 visits over 6-8 weeks. There is a lack of clinical evidence indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or oral medication therapy. Moreover, there is a lack of clinical notes documenting the injured worker's progression and improvement with chiropractic sessions. Given the information provided, there is insufficient evidence to determine the appropriateness of continued chiropractic sessions.