MAXIMUS Federal Services

Case Number:	CM14-0027207		
Date Assigned:	06/13/2014	Date of Injury:	10/28/2013
Decision Date:	07/30/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 38-year-old female who reported an injury on 10/28/2013; the mechanism of injury was not provided within the medical records. The clinical note dated 04/10/2014 indicated the injured worker reported pain in her neck and back rated 7/10. On physical exam of the lumbar spine, sensation was diminished in the left L5-S1 dermatome. The injured worker had tenderness to palpation at the mid thoracic region at the level of her bra line. The injured worker was authorized to have 4 more chiropractic visits for her neck and back. The unofficial x-ray of the cervical and lumbar spine dated 01/15/2014 revealed no signs of instability in either cervical or lumbar spine. The injured worker's prior treatments included diagnostic imaging, physical therapy, chiropractic therapy, acupuncture, and medication management. The injured worker's medication regimen included Norco and Protonix. The provider submitted a request for chiropractic x8 visits to the neck and back. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC X 8 VISITS, NECK AND BACK: 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 California 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. The injured worker was authorized chiropractic visits for her neck and back; however, she rates her pain as a 7/10 for her neck and back. In addition, the number of prior chiropractor sessions and efficacy was not provided to support additional sessions of chiropractic therapy. Moreover, the provider did not indicate a rationale for the request. Therefore, the request for 8 chiropractic visits for the neck and back is not medically necessary.