

Case Number:	CM14-0027841		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2013
Decision Date:	08/06/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

According to the available medical records, this is a 30 year old male patient with complaint of neck pain, date of injury 09/20/2013. Previous treatments include medications, acupuncture and chiropractic. Progress report dated 02/04/2014 revealed gradual improvement in chiropractic therapy, he has 3 sessions remaining, he continues to work without restrictions. Exam noted continued tenderness in the right paraspinoist cervical and trapezius areas, near full ROM in the cervical with right trapezius pain. Diagnoses include neck sprain/strain. Additional chiropractic treatment is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY X 8 VISITS CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Neck and Upper Back: Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain, page 58-59 Page(s): 58-59.

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain, page 58-59, recommended manipulation 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. Low back: recommended as an option. Therapeutic care - trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 week. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist & Hand: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Frequency: 1-2 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. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. Even though the treating doctor's progress report noted the patient was improving with chiropractic treatments, there is no documentation of functional improvement with the previous chiropractic treatments. Based on the guidelines cited above, the request for 8 additional chiropractic sessions for cervical is not medically necessary.