

Case Number:	CM14-0032786		
Date Assigned:	06/20/2014	Date of Injury:	05/13/2011
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Chiropractics, has a subspecialty in Pediatric Chiropractics and is licensed to practice in California, Washington and New Mexico. 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 46 year old female with an original date of injury of 5/13/11. The mechanism of injury occurred when the patient was packing and pushing boxes onto a conveyor belt. Diagnoses included cervicalgia, bi-lateral shoulder pain, bi-lateral rotator cuff tear and right elbow common extensor tendon intrasubstance tearing and degenerative changes at the radiocapitellar surface. There has been no reported radiology of the neck area. The patient has been treated with physical therapy, chiropractic therapy and cortisone injections. At this time, the patient is not currently working. Although the patient claims chiropractic care has helped in the past, recent treatment notes on 1/13/14 indicate a lack of improvement with neck pain. There is no documented objective, functional improvement and only temporary relief with chiropractic treatment. The disputed issue is a request for 12 chiropractic treatments for cervicalgia. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Of Chiropractic For Cervicalgia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck and Upper Back Chapter. Regional Neck Pain.

Decision rationale: The California MTUS Treatment Guidelines do not specifically address chiropractic care for neck pain, but does recommend chiropractic care, in general, for a trial of 6 visits over 2 weeks. With evidence of objective, functional improvement, additional treatment is allowed up to 18 visits over 6-8 weeks. The Official Disability Guidelines speak directly to neck pain and make the same recommendations as California MTUS. In this case, there is no documented objective, functional improvement. Although chiropractic care has provided short-term pain relief, palliative care is not supported by the Guidelines. Therefore, the request for 12 chiropractic visits for cervicalgia is not medically necessary.