

Case Number:	CM14-0034463		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2013
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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:

An orthopedic note dated 01/24/2014 indicates the patient presents with intermittent moderate neck pain with radiation to the left arm, with numbness and tingling. On examination of the cervical spine, there is tenderness to palpation over the paracervical and trapezius musculature. There is positive cervical distraction test, and there is muscle spasms noted. There is mildly decreased range of motion in all fields. There is decreased light touch sensation at left C6-7. On examination of the left shoulder, there is tenderness to palpation about the left trapezial musculature. There is restricted range of motion due to complaints of discomfort and pain. Diagnoses are cervical spine strain with radicular complaints; left shoulder/periscapular strain, and gastritis. The treatment and plan included chiropractic treatment. The prior utilization review dated 03/06/2014 states the request for resubmit-chiropractic sessions (cervical) was partially certified as there is evidence of neurological deficits on examination and medical necessity has been established and has been given a trial of twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESUBMIT-CHIROPRACTIC SESSIONS (CERVICAL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The California MTUS guidelines allow for manual therapy, chiropractic care, on a 6 visit trial in the first 2 weeks with up to 18 visits within 6-8 weeks with documentation of improvement in the patients functional capacity with a specific goal of decreasing the patients dependency on medical care and transitioning to an home exercise program. The records document this patient has had physical therapy treatment and has appreciated a 20% benefit/gain in functional capacity. The records do not specify what specific clinically significant gain was realized nor do the records state any specific goal to be achieved with respect to improvement in functional capacity with the future Chiropractic care. Per the California MTUS guidelines, the decision for chiropractic visits for the cervical spine is not medically necessary.