MAXIMUS Federal Services

Case Number:	CM14-0037730		
Date Assigned:	06/25/2014	Date of Injury:	12/16/2008
Decision Date:	08/13/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 28-year-old female who reported an injury on 12/16/2008, the mechanism of injury was not provided. On 03/03/2014, the injured worker presented with a positive Soto-Hall test, loss of motion to the cervical spine, sensory loss of the C5 to C7 bilaterally, and pain in the bilateral shoulders with flexion. Upon examination, the injured worker was pregnant and unable to continue with her medication regimen. The diagnoses were cervical acceleration/deceleration syndrome injury, cervical/thoracic subluxation, and cervical ligament laxity. Prior treatment included medications and physical therapy. The provider recommended 8 chiropractic sessions for the cervical spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic sessions for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official disability Guidelines Neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in the functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The provider's request for 8 chiropractic sessions exceeds the recommendation of the guidelines. Additionally, the provider does not indicate the frequency of the requested sessions in the request as submitted. As such, the request is not medically necessary.