

Case Number:	CM14-0038637		
Date Assigned:	06/27/2014	Date of Injury:	06/23/2010
Decision Date:	09/12/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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:

The injured worker is a 66 year old female who sustained injuries to her neck and low back on 06/23/10 due to cumulative trauma while performing her usual and customary duties as a food service worker. Treatment to date has included physical therapy, chiropractic therapy in which she completed 11 visits. Clinical note dated 01/22/14 reported that the injured worker continued to complain of neck pain and low back pain 8/10 on the visual analog scale. The injured worker states neck pain radiated into the right upper extremity down to the elbow with associated numbness. The injured worker stated that her low back pain radiated into the left lower extremity all the way to the calf with associated numbness and tingling. Physical examination noted cervical range of motion 40 degrees, extension 40 degrees, bilateral lateral bending 25 degrees, bilateral rotation 55 degrees; upper extremities sensation intact bilaterally; wrist flexion/extension 4+/5 bilaterally; upper extremities motor examination 5/5; reflexes normal; plain radiographs of the cervical spine revealed multilevel bilateral neural foraminal narrowing; multilevel severe disc space narrowing; large anterior osteophyte at C4, C5, and C6; C3-4 retrolisthesis. The injured worker was diagnosed with cervical spine and lumbar spine pain/radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to the cervical and lumbar spine, 2 times a week for 4 weeks, QTY: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The request for chiropractic therapy to the cervical and lumbar spine, 2 times a week for 4 weeks, QTY: 8, is not medically necessary. Previous request was partially certified for six visits. The injured worker responded favorably to previous chiropractic treatment. The CAMTUS recommends a trial of three to six visits and with evidence of significant objective functional improvement, additional visits may be warranted; therefore, the request was partially certified for an initial six visit clinical trial. There was no additional significant objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for chiropractic therapy to the cervical and lumbar spine, 2 times a week for 4 weeks, QTY: 8 is not indicated as medically necessary.