

Case Number:	CM14-0042327		
Date Assigned:	06/30/2014	Date of Injury:	12/14/2013
Decision Date:	07/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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 49-year-old female patient with neck, upper back and lower back pain, and a date of injury of 12/14/2013. The previous treatment include medications, physical therapy and chiropractic. A chiropractic progress report dated 03/06/2014, revealed that the patient had completed twelve (12) visits with a cervical spine visual analog scale (VAS) score of 4-7/10, lumbar spine score of 4-8/10, and shoulder score of 6-7/10; previously 3-8/10. There is no functional change since the last exam: walking a mile, sitting 15 minutes, and lifting/carrying 5-10 lbs. The cervical spine range of motion (ROM) noted flexion at 45/50, extension at 50/60, lateral bending at 40/45, and rotation at 70/80. The thoracolumbar ROM noted flexion at 30/60, extension at 15/25, and lateral bending at 20/25. There was a positive cervical compression and shoulder depression bilaterally. There was also a positive Valsava. The progress report dated 03/24/2014 by the treating doctor, revealed that the cervical spine, thoracic spine, and lumbar spine were mildly improved with chiropractic treatment. The patient continued to complain of left upper extremity and left lower extremity pain. The functional change since the last examination included increased mobility, decreased pain intensity and medication intake. There is no physical exam attached. The diagnoses include cervicogenic headache (HA), cervical strain/sprain radiating to left upper extremity, thoracic strain/sprain, and lumbar strain/sprain, radiating to left lower extremity. The patient work status remained the same, with no overhead work, limited lifting, pushing and pulling to 5 lbs, sedentary work, and the patient must be able to sit or stand liberty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic manipulation treatments for the cervical, thoracic and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck and upper back (Acute & Chronic), Manipulation low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Guidelines indicate that 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. This patient had completed twelve (12) chiropractic treatments, with only mild improvement in range of motion (ROM) and visual analog scale (VAS) pain score. There is no functional change documented, there is no therapeutic exercise program facilitated, and the patient still has the same work restrictions. Based on the guidelines cited above, the request for an additional six (6) chiropractic treatments is not medically necessary.