

Case Number:	CM14-0051674		
Date Assigned:	07/07/2014	Date of Injury:	03/07/2002
Decision Date:	08/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/18/2014

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 Chiropractor and Acupuncture and is licensed to practice in Texas. 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 65-year-old female who reported an injury on 03/07/2002 of unknown mechanism of injury. The injured worker had a history of neck and right shoulder. The injured worker rated her pain a 7/10 on the VAS. The injured worker had diagnoses of a nonallopathic lesion of the cervical, thoracic, and upper extremity regions. The medications included clonazepam and naproxen. Per the notes dated 03/04/2014, objective findings to the cervical regional revealed range of motion with flexion of 40/50 ,extension 30/80, left rotation 50/80, and a right rotation of 50/80 and the cervical compression was positive bilaterally for local pain. The shoulder compression was positive on the left with local pain. On 03/12/2014, the past treatment included chiropractic therapy. The chiropractic note dated 03/12/2014 indicated the condition had slightly improved and the condition was progressing as expected. The plan of care was home therapies, basic spinal care, ergonomics, and care of the spine at home and works as well as performs rehab activities daily, and use cold and heat with proper application. The Authorization Form dated 03/14/2014 was submitted with the documentation; however, the rationale not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 TRIAL CHIROPRACTIC TREATMENT 2 TIMES PER WEEK FOR 1 WEEK FOR A TOTAL OF TWO VISITS FOR THE NECK AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders.

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

Decision rationale: The California MTUS Guidelines recommend that the injured worker reduce the frequency of visits to the point where maximum therapeutic benefit is achieved. The injured worker should be encouraged to do active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. The injured workers also need to be encouraged to return to their usual activity levels despite their residual pain. The recommendation is 6 visits with an additional 12 more for a total of 18 visits if functional improvement is noted after the initial 6 visits. The injured worker presented on 03/04/2014 for a flare up of neck pain. On examination, the injured worker had decreased range of motion as well as positive cervical compression test and foraminal compression test. It was recommended the injured worker undergo a trial of 2 sessions of chiropractic care. While the injured worker is noted to have experienced a flare up of pain and has range of motion deficits, the response to prior chiropractic care was not provided to support additional sessions. Also, the guidelines state that treatment for flare up is recommended when there has been evidence of return to work with the prior visits. Given the lack of documentation provided supported a positive response from prior chiropractic care and a return to work, the request does not meet guideline criteria. As such, the request for 2 trials of chiropractic treatment 2 times per week for 1 week for a total of 2 visits for the neck as outpatient is not medically necessary.