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| Case Number: | CM14-0067652 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/01/2005 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/09/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 53 year old female who sustained an injury to her neck on 01/01/05 while cutting cloth, she felt pain in her bilateral shoulders. A progress report dated 03/05/14 reported that the injured worker continued to complain of neck pain and frequent headaches. She has received medications. She rated her current neck pain at 2-6/10 visual analog scale (VAS). MRI of the cervical spine dated 02/23/14 revealed C3-4 central focal disc protrusion abutting the thecal sac; C4-5, central focal disc protrusion abutting the thecal sac; C5-6, central focal disc protrusion abutting the spinal cord producing spinal canal narrowing; C6-7, central focal disc protrusion abutting the spinal cord producing spinal canal narrowing; straightening of the cervical lordosis. Physical examination noted cervical muscle spasms; range of motion 70% of normal; positive compression test. The injured worker is currently working modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, physiotherapy rehab, therapeutic exercise, and manual therapy #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

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

Decision rationale: The previous request was denied on the basis that the injured worker has completed at least 64 chiropractic visits to date including 16 visits in 2013 and 18 visits in 2012. The CAMTUS states that manual therapy and manipulation for the cervical spine is not recommended. The CAMTUS recommends 4-6 treatments to produce effect. With objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. The CAMTUS also states that elective/maintenance care is not medically necessary and there is need to reevaluate treatment success, if return to work has been achieved, then 1-2 visits over 4-6 months may be authorized for recurrences/flare ups. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of chiropractic manipulation visits. Given this, the request for chiropractic treatment 2 x a week x 2 weeks including physiotherapy rehabilitation, therapeutic exercise, and manual therapy has not been established. Therefore the request is not medically necessary.