

Case Number:	CM14-0067730		
Date Assigned:	07/11/2014	Date of Injury:	03/12/2000
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
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 Occupational 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 patient is a 49-year-old female who was injured on 03/12/2000 while she was lifting water and juice coolers when she felt her muscles straining. She reported kneeling down to get a nozzle for the coolers when she felt her back and neck give out. Progress report dated 01/20/2014 states the patient complained of flare ups of her neck, traps and upper back pain. She reported soreness of moderate intensity. Her quality of sleep is poor and is disrupted due to headaches, spasms and pain. She reported prolonged sitting with neck flexion and rotation exacerbated condition. Objective findings on exam revealed moderate Kemp's bilaterally and moderate left Fabere-Patrick's test. She has moderate left straight leg raise. Her lumbar range of motion is restricted with extension to 20/35 degrees; flexion to 60/90 degrees; left lateral flexion to 25/40 degrees; right lateral flexion to 25/40 degrees. Cervical range of motion revealed extension to 35/60 degrees; flexion to 30/50 degrees; left lateral flexion 25/45 degrees; right lateral flexion 30/45 degrees; left rotation 55/80 and right rotation to 60/80. She is diagnosed with moderate exacerbation of chronic condition; cervicothoracic sprain/strain; lumbosacral joint dysfunction; headaches; and cervical IVD. She has been recommended for chiropractic treatment x4 for spinal adjustments to increase joint motion and reduce pain. Prior utilization review dated 04/23/2014 states the request for chiropractic treatment x4 sessions is denied as there is a lack of documented evidence provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment Quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Neck, Chiropractic Treatment.

Decision rationale: According to MTUS guidelines, chiropractic elective/maintenance care is considered not medically necessary. For recurrences and flare-ups, 1 to 2 visits every 4 to 6 months are recommended if return to work is achieved. It is not entirely clear the patient has returned to work though she is being returned to permanent and stationary restrictions. Flare-ups are documented, but the high frequency of flare-ups is questionable. Thus, 4 visits of Chiropractic treatment are not medically necessary.