

Case Number:	CM14-0068014		
Date Assigned:	07/11/2014	Date of Injury:	06/08/2013
Decision Date:	08/19/2014	UR Denial Date:	04/28/2014
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 licensed in Chiropractic 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 32-year-old female who reported an injury on 06/08/2013. She was reportedly moving a podium and the glass shifted and fell on her head and neck. On 04/09/2014, the injured worker presented with constant neck pain, radicular symptoms to the arms, forearms, and shoulder blades with weakness. Upon examination, there was tenderness to the cervical paraspinals, trapezials, and diminished range of motion with pain to the cervical spine. The diagnoses were head injury, headaches, cervical spine strain, and cervical radiculopathy. Prior therapy included a home exercise program and medications. The provider recommended chiropractic manipulation 2 to 3 times a week for 6 weeks for the cervical; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation Two to Three Times a Week for Six Weeks for Cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines state that chiropractic care for chronic pain that is caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in function and improvement and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of functional objective improvement a total of up to 18 visits over 6 to 8 weeks. The provider's request for chiropractic therapy 2 to 3 times a week for 6 weeks exceeds the recommendation of the guidelines. As such, the request of Chiropractic Manipulation Two to Three Times a Week for Six Weeks for Cervical spine is not medically necessary and appropriate.