

Case Number:	CM14-0075789		
Date Assigned:	07/16/2014	Date of Injury:	12/05/2011
Decision Date:	08/19/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 32-year-old female with a date of injury of 12/05/2011. The requesting physician is [REDACTED] who requests 12 chiropractic treatments for the cervical spine. There are no progress reports provided by [REDACTED]. For review is a QME report by [REDACTED]. According to this report from 01/21/2014, the patient sustained neck, back, and upper extremity injury in 2011. She has gone through conservative treatment including anti-inflammatory medications, physical therapy, and injections. The patient currently complains of moderate pain that is sharp in the neck area and extending down to the back. She has increased pain with flexion, extension, rotation, and prolonged positions for the head and neck. She also indicates the pain radiates extending down to bilateral hands and notes numbness and tingling for both hands. Examination of the cervical spine revealed tenderness and spasm over the paravertebral and trapezial musculature on the left. Flexion is 50 degrees, extension is 40 degrees, rotation bilaterally is 80 degrees, and lateral bending is 40 degrees bilaterally. The request is for 12 chiropractic treatments. Utilization review denied the request on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments for the cervical spine, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [https://acoempracguides.org/Cervical and Thoracic Spine](https://acoempracguides.org/Cervical%20and%20Thoracic%20Spine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiro treatments, Manual therapy & manipulation, pages 58,59.

Decision rationale: This patient presents with neck pain that extends down to the lower back. The request is for 12 chiropractic treatments. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. With documentation of functional improvement from prior treatments, MTUS allow for up to 18 visits. The QME report provides a recount of prior progress reports, treatment history, and medications prescribed. Review of the report indicates the patient was recommended chiropractic care twice weekly for six weeks on 06/11/2013. The request was subsequently denied on 06/20/2013. The treating physician made another request on 07/02/2013 for 12 chiropractic treatment which was again denied on 07/02/2013. There was an appeal on 07/12/2013, which was denied on 07/17/2013. Additional requests for chiropractic care were made on 07/17/2013 and 08/26/2013. Utilization Review from 08/30/2013 approved the request for 12 chiropractic sessions. It is unclear whether the patient underwent these 12 chiropractic treatments. In this case, the treating physician's request for 12 treatments exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.

