

Case Number:	CM14-0084273		
Date Assigned:	07/21/2014	Date of Injury:	02/04/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 60-year-old female who reported a repetitive strain injury on 02/04/2014. The current diagnoses is cervical spine sprain with neural foraminal stenosis and degenerative disc disease, and thoracic spine sprain/strain. The injured worker was evaluated on 05/06/2014 with complaints of moderate to severe aching pain in the neck and right upper extremity with frequent headaches and severe pain in the mid and upper back. Previous conservative treatment includes cervical epidural injections, trigger point injections, medication management and physical therapy. Physical examination revealed an anterior head carriage, hypo-cervical lordosis, muscle guarding and spasm, tenderness along the paravertebral muscles, trigger points and tenderness of the suboccipital and upper thoracic paraspinal muscles. Treatment recommendations included prescriptions for Tramadol, Naproxen, a Cyclo/Keto/Lido Cream, X-rays of the cervical and thoracic spine, a Functional Capacity Evaluation, and chiropractic treatment 3 times per week for 4 weeks. A Request for Authorization Form was then submitted on 05/08/2014 for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 Cervical and Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. Therefore, the current request for 12 sessions of chiropractic treatment exceeds guideline recommendations. As such, the request is not medically necessary.