

Case Number:	CM14-0087364		
Date Assigned:	07/23/2014	Date of Injury:	12/05/2012
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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:

Injured worker is a female with date of injury 12/5/2012. Per primary treating physician's progress report dated 5/14/2014, the injured worker reports that she is feeling much better with pain at 4/10. She reports that she feels better, feels less pain. She is getting chiropractic treatments and doing yoga. She reports that the chiropractic treatments help and she is requesting more visits. She is off tramadol and working fewer hours on full duty. On examination, her gait is nonantalgic and within normal limits. There is tenderness to palpation of cervical paraspinal muscles, right mid trapezius, and upper thoracic spine midline. She has full range of motion of cervical and thoracic spine. Spurling's test is negative bilaterally. Motor strength and sensation are normal in bilateral upper extremities. Elbow exam is normal. Diagnoses include 1) neck muscle strain 2) myofascial pain syndrome 3) right cervical and thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional visits Chiropractic Neck and Thoracic 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The claims administrator reports that the injured worker has already had 24 visits of chiropractic therapy. The clinical notes provided for review do not address the efficacy of prior chiropractic visits other than the injured worker reporting that she feels that it helps. Review of serial examinations does not show any objective functional improvement as a result of chiropractic treatment. The request for Additional visits Chiropractic Neck and Thoracic 2x3 is determined to not be medically necessary.