

Case Number:	CM14-0093442		
Date Assigned:	09/26/2014	Date of Injury:	05/02/2012
Decision Date:	10/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/19/2014

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 Services 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 51-year-old female who reported an injury on 05/02/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical trapezius sprain/strain, cervical spondylosis, left shoulder strain, and left elbow strain. Within the clinical note dated 08/07/2014, it was reported the injured worker complained of constant cervical spine pain, right and left. The injured worker complained of right hand pain. He described the pain as burning. Upon the physical exam, the provider noted the injured worker had tenderness to palpation of the cervical spine. The provider indicated the injured worker had a positive Spurling's sign bilaterally. The injured worker has positive myospasm of the cervical spine with decreased range of motion of the cervical spine. The clinical documentation submitted was largely illegible. The provider requested 12 additional chiropractic sessions for the neck. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional chiropractic treatment sessions to the neck.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment.

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

Decision rationale: The request for 12 additional chiropractic treatment sessions to the neck is not medically necessary. The California MTUS Guidelines recommend that manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement and that facilitate progression in the patient's therapeutic exercise program, and return to product activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, and a total of 18 visits over 6 to 8 weeks. There is lack of documentation indicating the injured worker's previous course of chiropractic sessions, as well as the efficacy of the prior sessions. There is lack of documentation indicating the number of sessions the injured worker has previously undergone. The number of sessions requested exceeds the guidelines recommendations. Therefore, the request is not medically necessary.