

Case Number:	CM13-0024387		
Date Assigned:	11/01/2013	Date of Injury:	12/30/2011
Decision Date:	05/15/2015	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 52-year-old male who sustained a repetitive use injury on 12/30/11. The PR-2 dated 8/26/13 notes complaint of neck, shoulder, and back pain. The treating physician notes that the injured worker is having fairly severe spasms in his back. It was also noted that the injured worker complains that his upper back and neck are very stiff and sore with increasing spasms. Previous treatment is included physical therapy, chiropractic, orthopedic consults, and medication. Diagnostic studies have included x-rays and MRIs. At least 12 chiropractic visits have been authorized previously. Objective functional improvement is not noted in the chiropractic progress notes reviewed. Chiropractic treatment note dated 3/10/13 notes of the patient feels further decrease pain in the neck and almost no radiation of pain. Pain levels are not documented throughout the treatment notes. The consult dated 2/6/13, the treating physician states, "does not appear the chiropractic care or physical therapy in the past has been curative." A request for 16 chiropractic visits was made and subsequently found not medically necessary by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 additional chiropractic visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Manipulation.

Decision rationale: MTUS chronic pain guidelines note that the manual therapy manipulation is recommended as an option for the low back. A trial of six visits over two weeks with evidence of objective functional improvement may extend treatment up to 18 visits over 6-8 weeks. MTUS does not specifically address manipulation to the neck and shoulder and ODG was utilized. For the shoulder ODG allows for feeding treatment frequency from up to three visits per week to one or less, plus active self-directed home therapy for nine visits over eight weeks. For the cervical spine, a trial of trial six visits over two -three weeks with evidence of objective functional improvement to continue up to 18 visits over 6-8 weeks. 12 visits of chiropractic have previously been authorized. Objective functional improvement is not been documented from the previous treatment. Based on MTUS guidelines, ODG, the lack of objective functional improvement, and the request exceeding recommended treatment guidelines the request for an additional 16 chiropractic visits is not medically necessary.