

Case Number:	CM14-0207285		
Date Assigned:	12/19/2014	Date of Injury:	07/11/2013
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 licensed in Chiropractic therapy, 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:

According to the available medical records, this is a 42 year old male with chronic neck pain, date of injury is 07/11/2013. Previous treatments include medications, physical therapy, chiropractic, surgeries, and home exercises. Treating doctor progress report dated 05/23/2014 revealed patient feels the same, with complains of headaches 8/10, neck pain 8-9/10, upper back pain 7/10, and low back pain 4/10. The patient has had 24 sessions of physical therapy and chiropractic. Chiropractic soap note dated 7/8/2014 revealed the patient symptoms have not changed since previous visit, patient complains on occasional cervical spine pain, 3/10, treatments include manipulation, myofascial release, traction and EMS. Treating doctor progress report dated 10/24/2014 revealed patient with persistent pain in the cervical spine into left arm with lump at mid cervical, C6-7 with spasm. Physical examination unchanged, lumbar spine, cervical spine tender at C6-7, paraspinal left more than right, pain with ROM. Diagnoses include cervical DDD, lumbar myospasm with bilateral legs radiculitis. The patient returned to usual work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chiropractic manipulation spinal 1-2 regions, manual therapy technique modality, traction-mechanical, electrical stimulation, cervical spine 3 times 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Traction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with neck pain despite previous treatments with medications, surgeries, physical therapy, chiropractic, and home exercises. While MTUS guidelines recommend a trial of 6 chiropractic treatments over 2 weeks, the claimant has had at least 24 chiropractic visits with no evidences of objective functional improvements. Reviewed of the primary treating doctor progress report showed the patient status remained the same month after month. Based on the guidelines cited, the request for 36 chiropractic treatments is not medically necessary.