

Case Number:	CM13-0034634		
Date Assigned:	12/11/2013	Date of Injury:	07/25/2000
Decision Date:	02/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 25, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; the apparent imposition of permanent work restrictions. It is not clearly stated whether the applicant's limitations have been accommodated by her employer or not. In a utilization review report of September 26, 2013, the claims administrator denied a request for additional chiropractic manipulative therapy. The applicant's attorney subsequently appealed. On June 17, 2013, it does appear that the applicant was referred to chiropractic manipulative therapy and asked to continue on specified medications, which were dispensed in the clinic. Permanent work restrictions were continued. In a later report of September 12, 2013, the applicant presented with continued neck pain and intermittent headaches. 5/5 upper extremity strength was appreciated. The applicant is asked to pursue additional chiropractic manipulative therapy while permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 6 weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractics-Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of manipulative therapy are endorsed every four to six months in those applicants who successfully achieved and/or maintained return to work. In this case, however, there is no indication or evidence that the applicant achieved and/or maintained return to work through prior manipulation. The applicant was seemingly asked to continue permanent work restrictions on several prior office visits. Continuing manipulative therapy without evidence of the applicant's successful return to work is not indicated. It is further noted that the MTUS only supports one to two sessions of manipulation every four to six months in those individuals who do achieve successful return to work. The 18 sessions of treatment being sought here represent treatment well in excess of the guideline. For all of these reasons, the request is not certified, on independent medical review.