

Case Number:	CM14-0114487		
Date Assigned:	09/29/2014	Date of Injury:	01/28/2012
Decision Date:	11/05/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 Chiropractor, 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 52-year-old female who reported an injury on 01/28/2012. The mechanism of injury involved a fall. The current diagnoses include work related slip and fall, blunt head trauma with headaches, cervical spine strain with radicular complaints, thoracic spine/right parascapular strain, lumbar disc herniation, and evidence of bilateral C5-6 cervical radiculopathy. The injured worker was evaluated on 06/23/2014 with complaints of persistent neck pain, mid back pain, and low back pain. Previous conservative treatment is noted to include medication management. Physical examination revealed tenderness to palpation over the cervical, thoracic, and lumbar spine, myospasm, decreased sensation in the right upper extremity, positive Spurling's maneuver bilaterally, positive straight leg raising bilaterally, decreased sensation throughout the right lower extremity, and diminished strength in the bilateral lower extremities. Treatment recommendations at that time included chiropractic treatment. A Request for Authorization form was then submitted on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times A Week for 4 Weeks for The Lumbar, Cervical and Thoracic Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58.

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

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. There is also no documentation of objective functional improvement following the initial course of chiropractic treatment. As such, the request for Chiropractic services is not medically appropriate.