MAXIMUS Federal Services

Case Number:	CM14-0143866		
Date Assigned:	09/12/2014	Date of Injury:	06/11/2012
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Acupuncture 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:

The injured worker is a 66 year old female who reported headaches and neck pain from injury sustained on 06/11/12. She pushed on a steel door, she bent over to pick up a box and then had to push the door again at which point the door sprung back and hit her on the top of the head. MRI of the cervical revealed multilevel disc bulges. Patient is diagnosed with neck sprain/strain and headaches. Patient has been treated with medication and physical therapy. Per medical notes dated 08/14/14, patient complains of neck pain and headaches. Patient continues with tightness and pain in the neck, getting worse. She denies numbness and tingling. She has trouble sleeping because her head hurts and she can't sleep with her head lying back. Examination revealed slightly limited range of motion to flexion of neck and tightness of spinous musculature. Primary treating physician is requesting initial trial of 8 Chiropractic treatments which was modified to 6 treatments by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain since functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Re-occurrences/ flare-ups- need to re-evaluate treatment success, if RTW (return to work) is achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function".Patient has not had prior chiropractic treatments. Provider is requesting initial trial of 8 Chiropractic treatments which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.