

Case Number:	CM14-0146654		
Date Assigned:	09/12/2014	Date of Injury:	10/14/2011
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated August 13, 2014, the claims administrator apparently failed to approve a request for six sessions of chiropractic manipulative therapy ordered on July 15, 2014. In a progress note dated July 15, 2014, the applicant reported 7/10, sharp cervical spine pain. Medications were only helping temporarily. Limited cervical range of motion and bilateral shoulder range of motion were noted. Cervical topical compounded medications, six sessions of chiropractic therapy, MRI imaging of the bilateral shoulders, and MRI imaging of the cervical spine were endorsed. Work restrictions were also endorsed; however, it did not appear that the applicant was working with said limitations in place. In an earlier note dated May 27, 2014, the applicant again reported persistent complaints of neck pain. A rather proscriptive 5- to 10-pound lifting limitation was endorsed. Six sessions of chiropractic manipulative therapy were endorsed at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation CA Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic. Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is seemingly off of work with a rather proscriptive 5- to 10-pound lifting limitation in place. As the applicant and attending provider have both acknowledged, earlier treatment with medications, topical compounds, and manipulative therapy only helped matters temporarily. Given the applicant's seemingly poor response to earlier manipulative therapy and associated failure to return to work, additional chiropractic treatment is not indicated. Therefore, the request of Chiropractic treatment for cervical spine is not medically necessary.