

Case Number:	CM14-0162836		
Date Assigned:	10/08/2014	Date of Injury:	10/02/2012
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 Chiropractic 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 patient is a 65 year old female who was injured on 10/12/2012 due to a work related cumulative trauma. Her medication history included Pantoprazole and Orphenadrine. The patient was seen on 03/12/2014 with complaints of severe neck pain with numbness, right upper extremity pain and low back pain. The pain increases with activity. On exam, she has decreased sensation over the C6-C7 and L5-S1 levels on the left, cervical spine range of motion revealed flexion at 35; extension at 08; left lateral at 12 and right lateral at 12. The lumbar spine revealed flexion at 55; extension at 10; left lateral at 10 and right lateral at 10. The patient is diagnosed with right shoulder impingement, cervicgia with right upper extremity, neuralgia; headaches; bilateral carpal tunnel syndrome, lumbar sprain/strain and thoracic sprain/strain. The patient was recommended for chiropractic manipulation 1-2x6 weeks for the neck, back and right upper extremity to decrease pain and increase range of motion. Prior utilization review dated 09/17/2014 states the request for Chiropractic manipulation 1-2x6 weeks for neck, low back and right upper extremity is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 1-2x6 weeks for neck, low back and right upper extremity:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The CA MTUS guidelines state the following: Chiropractic care is 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 objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 a 6-8 week. The requested 12 visits exceed the recommendations of the guidelines which allows for an initial trial of 6 visits within 2 weeks. Further there is no documentation as to prior treatment this patient may have received. ACOEM guidelines chapter 2 requires a complete review of prior treatment is essential prior to certifying additional treatment, Therefore, medically necessity has not been established. The request for 1-2 visits x 6 visits of Chiropractic care is not medically necessary.