

Case Number:	CM14-0177209		
Date Assigned:	10/30/2014	Date of Injury:	07/03/2012
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 a licensed Chiropractor, and is licensed to practice in Virginia. 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 48-year-old female who reported an injury on 07/03/2012. The mechanism of injury was due to a motor vehicle accident. The injured worker has a diagnosis of cervical sprain/strain, chronic, with myofasciitis; cervical disc protrusion; cervical spine degenerative disc disease; cervical stenosis; left parascapular strain; left shoulder trapezial myofasciitis; thoracolumbar strain, chronic, with radiating symptoms and gastrointestinal symptoms; and status post recent cholecystectomy. Past medical treatment consists of psychotherapy, pain management, acupuncture, chiropractic therapy, and medication therapy. Medications consist of doxepin, Valium, Flexeril, fentanyl, Vicodin, and Lomotil. Diagnostics consist of MRI scans of the cervical spine and left shoulder, which were obtained on 06/17/2013, and MRI of the lumbar spine, which was obtained on 06/22/2013. On 10/02/2014, the injured worker complained of constant neck pain. Physical examination of the cervical spine revealed tenderness to palpation over the midline of the cervical spine, bilateral paraspinals, left upper extremities, and left rhomboids. Medical treatment plan consists of additional chiropractic therapy sessions. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care x 12 sessions: Upheld

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

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

Decision rationale: The request for Chiropractic Care, 12 sessions, is not medically necessary. It was noted in the submitted documentation that the injured worker had undergone prior chiropractic care; however, there was no indication of efficacy of such sessions. Additionally, it was not mentioned as to how many chiropractic therapy sessions the injured worker has had to date. According to guidelines, the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines also recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. Given the above and lack of documentation submitted for review, it is unclear how additional chiropractic therapy sessions would be beneficial to the injured worker. Furthermore, there was no evidence of the injured worker participating in a home exercise program. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.