

Case Number:	CM14-0096747		
Date Assigned:	07/28/2014	Date of Injury:	04/22/2003
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 56-year-old female who was reportedly injured on 4/22/2003. The mechanism of injury was not listed. The most recent progress note dated 8/14/2014, indicated that there were ongoing complaints of neck pain. Physical examination demonstrated restricted cervical range of motion: Flexion 30, extension 20, lateral bending 10 and rotation 60 with pain. There was tenderness to cervical paravertebral muscles and spinous processes from C3 to C7, positive Spurling's maneuver, negative Adson's test, tenderness to lumbar paravertebral muscles, negative straight leg raising test, motor strength 5-/5, finger flexion and grip, otherwise 5/5 in upper extremities, decreased sensation over index, middle and little fingers bilaterally and deep tendon reflexes: 1/4 right triceps, otherwise 2/4 bilaterally. No recent diagnostic imaging studies available for review. Previous treatment included physical therapy, chiropractic treatment and medications to include Lidoderm, Neurontin, Celebrex, Voltaren, OxyContin, Trazodone, Norco and Flexeril. A request was made for 6 sessions of chiropractic care, which was determined not medically necessary in the utilization review on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Allied health interventions (Electronically cited)

Decision rationale: California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine practice guidelines support the use of manual therapy and manipulation (chiropractic care) for cervical spine as an option for short-term relief of neck pain or as a component of an active treatment program focusing on active exercises for acute cervicothoracic pain. The guidelines specifically state that if there is no response after 4 weeks with two 2-week trials of different manipulation/mobilization techniques, it is unlikely that further manipulation or mobilization will be helpful. Review, of the available medical records, shows the claimant previously underwent chiropractic treatment several times since a work-related injury in 2003. As such, this request is not considered medically necessary.