

Case Number:	CM13-0050794		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2012
Decision Date:	02/28/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 23 year old reportedly sustained a work related injury on October 5, 2012 due to being struck in the neck by a box. Diagnoses include cervical and lumbar disc protrusion, thoracic and lumbar sprain/strain, idiopathic peripheral autonomic neuropathy and unspecified disorder of autonomic nervous system. Magnetic resonance imaging (MRI) in July 2013 shows mild to moderate narrowing of neural foramina C3-C4 and C4-C5 and 2mm disc protrusion-L5. Primary treating physician visit dated May 9, 2013 notes the injured worker complains of neck pain rated 6/10, thoracic pain 4/10 and lumbar pain 5/10. The injured worker is working with restriction of no lifting, pushing or pulling greater than 15 pounds. Primary treating physician progress report dated August 15, 2013 provides the injured worker complains of neck pain rated 9/10 and low back pain 6/10. Physical exam reveals cervical flexion and extension 50 degrees, thoracic flexion 35 degrees, lumbar flexion 40 degrees and extension 20 degrees. Medications are listed as Terocin, Flurbi (NAP) cream, Gabacyclotram, Genicin and Somnicin. On October 24, 2013 utilization review modified a request received October 17, 2013 for chiropractic 2X week X3 weeks to 6 visits over two weeks. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated November 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES PER WEEK FOR 6 WEEKS, CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The UR determination dated October 24, 2013 modified a request received October 17, 2013 for Chiropractic 2X week X3 weeks to 6 visits over two weeks. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state: ".....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. Recurrences/flare-ups, need to re- evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The modification is consistent with referenced CAMTUS Treatment Guidelines for frequency of care from 2xs per week for 3 weeks to 3xs per week for 2 weeks. The total amount of care was certified with modification as to application. The UR determination was appropriate per referenced guidelines.