

Case Number:	CM14-0213557		
Date Assigned:	12/31/2014	Date of Injury:	12/21/2006
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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

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 40-year-old female who has submitted a claim for cervical discopathy and lumbar disc herniation associated with an industrial injury date of 12/21/2006. Medical records from 2014 were reviewed. The patient complained of acute exacerbation of neck pain and low back pain radiating to the right upper and lower extremity, respectively. The pain was associated with numbness and tingling sensation. Physical examination showed tenderness at paracervical and paralumbar muscles, restricted motion of both the cervical and lumbar spine, motor weakness of right arm and diminished sensation at the right L2-L3 distributions. The MRI of the cervical and lumbar spine, dated 1/14/2014, demonstrated 4 mm right paracentral disc protrusion at the level of L5-S1 with cervical disc bulges of 3 - 4 mm noted with osteophyte complex between C3-C3 and C4-C5. Treatment to date has included 8 visits to chiropractic care in 2008 and 2 visits in February 2014, physical therapy, acupuncture and medications. The present request for chiropractic care is to provide pain relief and to improve range of motion and strength. The utilization review from 12/11/2014 denied the request for chiro 2 x 4 for the cervical and lumbar spine due to limited information concerning previous chiropractic care visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 4 for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

Decision rationale: As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient complained of acute exacerbation of neck pain and low back pain radiating to the right upper and lower extremity, respectively. The pain was associated with numbness and tingling sensation. Physical examination showed tenderness at paracervical and paralumbar muscles, restricted motion of both the cervical and lumbar spine, motor weakness of right arm and diminished sensation at the right L2-L3 distributions. The present request for chiropractic care is to provide pain relief and to improve range of motion and strength. The patient underwent 8 visits to chiropractic care in 2008 and 2 visits in February 2014. However, the patient's response to therapy was not discussed. It is unclear if previous chiropractic visits provided functional improvement and pain relief. The medical necessity has not been established due to insufficient information. Therefore, the request for chiro 2 x 4 for the cervical and lumbar spine is not medically necessary.