

Case Number:	CM15-0046403		
Date Assigned:	03/18/2015	Date of Injury:	09/24/2014
Decision Date:	04/23/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/11/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 32 year old male who sustained a work related injury on September 24, 2014, incurred neck and back injuries when he had to restrain a combative student. He was diagnosed with cervical sprain and strain, shoulder pain, thoracic sprain and strain, lumbosacral sprain and strain and disc displacement. Treatment included muscle relaxants, pain medications and anti-anxiety medications, acupuncture sessions, chiropractic manipulation and physical therapy. Currently, the injured worker complained of back and neck pain and stiffness. Authorization was requested for additional chiropractic manipulation and treatment of the cervical spine for six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment, Cervical Spine, 6 sessions (per 01/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulations Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are 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 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. Recommended treatment parameters are as follows: Time to produce effect 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case, the patient had prior treatment with 6 chiropractic therapy visits. There is no documentation of objective evidence of functional benefit. Therapeutic benefit has not been established. The request should not be authorized and is not medically necessary.