

Case Number:	CM15-0092303		
Date Assigned:	05/18/2015	Date of Injury:	09/23/2013
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 42-year-old female who sustained a cumulative trauma industrial injury on 9/23/13 resulting in neck, bilateral shoulders and back pain. She currently complains of neck and back pain. On physical exam of the cervical spine there was tenderness noted at the paracervical muscles and spasm and tender ness of paravertebral muscle bilaterally; lumbar spine, on palpation paravertebral muscle, hypertonicity, spasm, tenderness and tight muscle band noted on both sides, lumbar facet loading is positive on both sides. She reports her level of function to be compromised. She finds activities of daily living, such as running errands and doing household chores difficult. Medications are Ibuprofen and Tramadol. Her pain level is 3/10 with medications and 8/10 without medications her quality of sleep is poor. Diagnoses include cervical pain; thoracic pain; depression; insomnia and anxiety. Treatments to date include pain medication; chiropractic treatments; functional restoration program; physical therapy. Diagnostics include cervical MRI (1/2015) showing degenerative disc disease/bulge at C4-5, 5-6, no severe stenosis; lumbar MRI showing L5-S1 degenerative disc disease and bulge. In the progress note dated 4/10/15 the treating provider requests an additional 12 sessions of chiropractic therapy. The injured worker had relief with initial 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 56-60.

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

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: 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. Low back: Recommended as an option. 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 reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for greater than 6 sessions. This does not meet criteria guidelines and thus is not medically necessary