MAXIMUS Federal Services

Case Number:	CM14-0000053		
Date Assigned:	01/10/2014	Date of Injury:	11/05/2010
Decision Date:	07/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is A LICENSED Doctor of Chiropractic, Acupuncture, and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 11/05/2010. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be chiropractic care, medications, acupuncture, physical therapy, and epidural steroid injections. Her diagnosis was noted to be status post C5-6 anterior cervical discectomy and fusion with fixation (02/21/2013). A clinical evaluation on 05/01/2013 indicated the injured worker with complaints of neck and arm pain. Upon physical examination, the cervical spine had an incision that was healing well. There was no erythema or drainage. There was no hyperemia. The injured worker could flex to the point where her chin was within 2 fingerbreadths of her chest. Extension was 40 degrees. There was no change in the neurological examination of the upper extremities. The injured worker was noted as doing well with therapy and improving. The treatment plan was for the patient to complete physical therapy 2 times per week for another 4 weeks. The provider's rationale for the requested chiropractic therapy/ hydrocollation was not provided within the documentation. The request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY/HYDROCOLLATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation 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. The treatment parameters from state guidelines are time to produce effect, which is approximately 4 to 6 treatments. Frequency of treatments can be 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. The maximum duration is 8 weeks. At 8 weeks, patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful and improving function, decreasing pain, and improving quality of life. The request for chiropractic therapy/ hydrocollation is not medically necessary. It is noted within the documentation that the injured worker has already had chiropractic therapy, although the number of visits has not been determined. The most recent physical examination does not indicate any functional deficits or any decreased range of motion or decreased muscle strength. The most recent physical evaluation does not indicate any failure of conservative care. The provider's request fails to include a frequency and quantity of visits. In addition, the request fails to indicate what area of the body is to be worked on with chiropractic care and hydrocollation. Therefore, the request for chiropractic therapy/hydrocollation is not medically necessary.