

Case Number:	CM14-0154417		
Date Assigned:	09/24/2014	Date of Injury:	03/21/2014
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Chiropractor 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 26-year-old female who reported an injury on 03/21/2014. The mechanism of injury occurred when she fell over her work cart. The injured worker's diagnoses included cervical sprain/strain, cervical disc, lumbar disc, and thoracic sprain/strain. The injured worker's past treatments included chiropractic therapy and medications. Diagnostic exams included an MRI of the cervical spine on 05/30/2014 and electromyography performed on 05/21/2014. The injured worker's surgical history was not clearly indicated in the clinical notes. On 07/29/2014, the injured worker complained of low back pain, upper back pain, and neck pain. Her lower back pain was increased with sitting, bending and standing for long periods. She also complained of radicular symptoms up to the left leg. Exam revealed tenderness at the L4-5, L5-S1 midline with lumbar paraspinal tenderness. There was also noted C6-7 disc indenting on the anterior portion of the thecal sac as well as straightening of the cervical curvature. Also, spasms were noted at both quads and bilateral gluteus maximus with a notation of a positive straight leg raise at 30 degrees. The injured worker's medications were not clearly indicated in the clinical notes. The treatment plan consisted of additional 12 chiropractic sessions and a referral to an orthopedic clinic. A request was received for 12 chiropractic sessions/PT. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic sessions /PT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 58-60. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Chiropractic

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

Decision rationale: The California MTUS Guidelines recommend manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. 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. For the indication of low back pain the guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement the total amount may be up to 18 visits over 6-8 weeks. Based on the clinical notes, the injured worker complained of low-back, neck, and upper-back pain. She also indicated that she would like additional therapy due to increased pain with normal activities of daily living. Her diagnosis included cervical, thoracic, and lumbar sprain/strain. These indications would be supported by the guidelines for the use of chiropractic care. However, the clinical notes failed to specify any functional gains she made while participating in previous chiropractic therapy. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Also, the injured worker's complaints of increased pain after completing her chiropractic therapy does warrant the continuation of further manual treatment. Therefore, due to lack of documentation indicating objective evidence of the achievement of positive symptomatic or measurable gains in functional improvement, the request for 12 Chiropractic sessions /Physical Therapy are not medically necessary.