

Case Number:	CM14-0039000		
Date Assigned:	06/27/2014	Date of Injury:	01/09/1998
Decision Date:	07/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington, and New Mexico. 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 72-year-old female with an original date of injury of 1/9/98. The mechanism of injury occurred when the patient worked as a darkroom digital clerk. The diagnoses include headache, chronic cervical sprain and post-surgical shoulder contracture. MRI (magnetic resonance imaging) revealed L4-5 herniation in 1999. The injured worker underwent approved chiropractic treatments through 1/14/14. There is no indication of objective, functional improvement. The pain is made worse by sitting, walking more than 3-4 blocks or lifting 5-10 pounds. The disputed issue is a request for 6 additional chiropractic treatments to include manipulation, exercise, electrical muscle stimulation (EMS) therapy and cervical traction. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTICE TREATMENT, QUANTITY: 6.00, TO INCLUDE MANIPULATION, EXERCISE, EMS, AND CERVICAL TRACTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, there has been no objective functional improvement noted from the prior chiropractic treatment; therefore, the guidelines would not support the request. The request for 6 chiropractic treatments to include manipulation, exercise, electrical muscle stimulation (EMS), and cervical traction is not certified.