

Case Number:	CM13-0001986		
Date Assigned:	11/08/2013	Date of Injury:	10/24/2011
Decision Date:	11/12/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/18/2013

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 Licensed in Chiropractic and is licensed to practice in California. 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 claimant is a 47-year-old female who was involved in a work injury on 10/24/2011 in which she injured her neck and upper back as a result of being employed as a teacher's assistant. The claimant presented to the office of [REDACTED]. The claimant underwent a course of treatment and was treated on an as needed basis for exacerbations. On 6/27/2013 the claimant was reevaluated by [REDACTED]. It was noted that "during the last 3 weeks, [REDACTED] has been experiencing progressively more headaches and neck pain radiating to the skull, arm and left shoulder." Pain levels were noted to be 8/10. The claimant was diagnosed with cervical sprain/strain, cervicalgia, cervical thoracic dysfunction, headache, and thoracic pain. On 7/8/2013 [REDACTED] requested 3 additional chiropractic treatments. Prior to this date the claimant was authorized 4 treatments in April 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional three chiropractic visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 3 treatments are consistent with this guideline. The claimant presented to the provider's office complaining of an increase in headaches in addition to neck and upper extremity complaints. Given the clinical findings of significant reduction of cervical range of motion and positive orthopedic testing, a course of 3 treatments could be considered appropriate. The request is medically necessary.