

Case Number:	CM13-0002342		
Date Assigned:	11/20/2013	Date of Injury:	01/19/2013
Decision Date:	01/06/2014	UR Denial Date:	06/26/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic & Acupuncture, 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:

Claimant is a 51 year old female who was involved in a work related injury on 1/19/13. Her primary diagnoses are low back pain and shoulder pain. It appears that she has had 9 chiropractic treatments from 5/17/2013 - 6/10/2013. The chiropractor states that the treatment has decreased the claimant's pain and increased ability to walk, stand and complete repetitive ADLs. On a PR-2 from 6/20/2013, she is reported to have intermittent severe sharp pain in her left upper arm and tingling in left hand and fingers. She also has pain in her low back. Palliative factors are medications and rest. Initially, the claimant states that she only had slight improvement in range of motion from chiropractic on 6/13/2013. A week later on 6/20/2013, she has "changed her mind and states that she thinks that she thinks it was helping and now is having mobility issues since stopping care.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional chiropractic treatments: Upheld

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 Section Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic care after an initial trial is medically necessary based on documented functional improvement. There was functional improvement after the initial trial of chiropractic. However, the guidelines recommend 1x a week for the next 6 weeks after the initial trial. After which further visits can be provided based at functional improvement from the six visits. Therefore 8 visits exceeds the recommendation and are not medically necessary.