

Case Number:	CM13-0005922		
Date Assigned:	09/03/2013	Date of Injury:	04/09/2010
Decision Date:	03/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 patient is a female with DOI 4/9/10 and diagnoses of TMJ, chronic neck pain, chronic low back pain, CMC joint arthritis, and bilateral knee pain. The patient as of 7/3/13 had 2 sessions of manipulative therapy. She has restriction in ROM of the cervical spine and lumbar spine. EMG shows bilateral C5 to C7 cervical radiculopathy. Cervical MRI 5/21/13 showed multiple disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; eight (8) visits (2x4): Upheld

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

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

Decision rationale: MTUS states manipulative therapy is recommended but must show functional improvement. The patient has had 2/8 sessions completed. The two sessions did not show improvement according to the patient. The patient had 8 sessions approved in 6/2013 and has not completed them. There is no indication the patient needs more than the original 8

sessions approved. There has been no functional improvement shown. There has been no increase in ROM shown.