

Case Number:	CM13-0014672		
Date Assigned:	12/18/2013	Date of Injury:	07/05/2010
Decision Date:	01/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 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 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 53 year old injured worker with chronic neck and low back pain, with a date of injury 07/05/2010. Previous treatments include medications, chiropractic, topical cream, physical therapy and acupuncture. Progress report dated 07/15/2013 by [REDACTED] revealed posterior neck pain and occipital headaches, which is unimproved from previous visit, the patient continues to complain of pain that radiates to the thumb, index, and middle finger to the left hand as well as numbness and tingling in the same distribution. Examination revealed midline tenderness to palpation and bilateral paracervical muscle tenderness to palpation, ROM limited in flexion beyond 20 degrees and limited extension beyond 15 degrees, pain with rotation beyond 20 degrees bilaterally, sensation decreased at the first dorsal webspace in the left, as well as lateral aspect of the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommended manipulation for chronic pain if caused by musculoskeletal conditions a trial of 6 visits over 2 weeks with evidences of objective functional improvements. The request for 12 sessions of chiropractic exceeded the guideline recommendation and cannot be supported. The request for twelve chiropractic sessions is not medically necessary and appropriate.