

Case Number:	CM13-0015331		
Date Assigned:	03/26/2014	Date of Injury:	04/26/1999
Decision Date:	05/08/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Texas. 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 56-year-old male who reported an injury on 04/26/1999, secondary to a motor vehicle accident. Current diagnosis is brachial neuritis. The injured worker was evaluated on 09/24/2013. The injured worker reported persistent neck pain with radiation to bilateral shoulders. Physical examination was not provided on that date. Treatment recommendations included additional chiropractic treatment, acupuncture, and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC THERAPY SESSIONS: 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: The California MTUS Guidelines state manual therapy and manipulations is recommended for chronic pain. Treatment for the spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. There is no evidence of objective functional improvement following an initial course of chiropractic therapy. There is also no specific body

part listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.