

Case Number:	CM13-0015442		
Date Assigned:	12/11/2013	Date of Injury:	08/20/1993
Decision Date:	01/27/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Orthopaedic Surgery 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 claimant is a 58 year old female who was injured on August 20, 1993. The records for review include a recent April 1, 2013 assessment with [REDACTED]. Subjectively, there were continued low back complaints stating continued headaches with the claimant having completed eight sessions of chiropractic care with [REDACTED]. There are also complaints of neck pain with radiating right arm pain. Physical examination findings showed restricted active range of motion of the lumbar spine with no documented neurologic findings. She was diagnosed with a strain to the lumbar spine with a herniated cervical disc. Recommendations at that time were for continuation of chiropractic care and a three month follow-up. Further clinical treatment in regards to her lumbar spine was not documented beyond April 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,288-289,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back).

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the continuation of chiropractic measures in this case would not be supported. In regards to the lumbar spine, it is recommended as an option for therapeutic measures for up to eighteen visits over a six to eight week period of time, if documentation of improvement over a four to six treatment timeframe is noted. The maximum duration of treatment is eight weeks. In this case, the claimant has been treated with chiropractic care for greater than eight weeks with no documentation of significant benefit of improvement with continued subjective complaints at last assessment of April 1, 2013. The role of continued use of this therapeutic modality would not be indicated at present.