

Case Number:	CM13-0015540		
Date Assigned:	12/11/2013	Date of Injury:	03/30/2010
Decision Date:	02/04/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/23/2013

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 Care 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 36 year old female patient with chronic neck and back pain, date of injury 03/30/2010. Previous treatments include medication, chiropractic, TENS (transcutaneous electrical newve stimulation) unit, injection. Progress report dated 07/19/2013 by [REDACTED] revealed burning pain neck and low back, burning pain right arm and right leg, feels worse, continues to work, pain after cleaning 8-10 rooms; exam revealed tender, spam of paracervical, right trap., forward head posture, ROM limited, lumbar tender right paralumbar, no spasm, ROM (range of motion) limited, SLR (straight leg raise) positive on right, right Achilles DTR (deep tendon reflex) slightly decreased vs. left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care twice a week for 3 weeks for the cervical and lumbar region is not medically necessary and appropriate.: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommended chiropractic manipulation for Recurrences/flare-ups - need to re-evaluate treatment success, if RTW (return to work) achieved then 1-2 visits every 4-6

months. The request for Chiropractic care twice a week for 3 weeks for the cervical and lumbar region exceeds the Chronic Pain Medical Treatment Guidelines recommendation. The request for chiropractic care twice a week for 3 weeks for the cervical and lumbar region is not medically necessary or appropriate.