

Case Number:	CM13-0017369		
Date Assigned:	12/11/2013	Date of Injury:	02/12/2010
Decision Date:	02/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/28/2013

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 Board Certified 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 patient is a 43-year-old female who reported an injury on 02/12/2010. The mechanism of injury was not provided in the medical records. Review of the medical record reports that the patient has previously received postoperative chiropractic treatments and the current request is for 24 additional visits of chiropractic care. The most recent clinical documentation dated 10/17/2013 reported that the patient continued to complain of neck, left hand, and mid and lower back pain. There was no documented radiation into her feet. Objective findings were hypertonic spinal musculature and spinal subluxation. The patient's diagnoses at this time included degeneration of cervical IVD which is ICD-9 code 722.4, myalgia or myositis which is ICD-9 code 729.1, and cervical and lumbar subluxation which is ICD-9 codes 839.0 and 839.20.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 24 chiropractic visits over 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version; Neck Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Manipulation section

Decision rationale: Per the Official Disability Guidelines, the recommended number of chiropractic treatments is up to 18 visits with documented objective functional improvement. The current information provided in the medical record is not clear as to how many sessions of chiropractic care the patient has already received. There is no clinical documentation of any functional improvement or decrease in symptoms for the patient with the previous chiropractic sessions received. As such, the medical necessity for additional chiropractic visits cannot be proven. Therefore, the request for 24 chiropractic visits over 4 months is not medically necessary and appropriate.