

Case Number:	CM13-0019282		
Date Assigned:	10/11/2013	Date of Injury:	07/19/2005
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 expert reviewer is a Licensed Chiropractor 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 47 year old female patient with chronic neck and back pain, date of injury 07/19/2005. Previous treatments include medication, splinting, Lidoderm patches, injections, physical therapy, chiropractic and acupuncture. Progress report dated 05/16/2013 by [REDACTED] revealed cervical spine pain; exam noted tenderness in the paracervical area with limited range of motion in flexion and extension, bilateral trapezius tenderness; diagnosis is chronic cervical strain with disc disease; the treating physician recommended physical therapy and adjunctive chiropractic care for the cervical spine and lumbar spine two times week for six weeks including massage therapy, continue Lidoderm patches; patient may return to work with restrictions to include 10 minute break per hour.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks QTY: 12: Upheld

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

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

Decision rationale: Review of the medical records show that the patient is having flare-up of her neck pain. CA MTUS recommend chiropractic treatment as therapeutic for Recurrences/flares-up - Need to re-evaluate treatment success, if RTW (return to work) achieved then 1-2 visits

every 4-6 months. The request for chiropractic therapy 2 times a week for 6 weeks exceeded the current guideline recommendation and therefore, is NOT medically necessary.