

Case Number:	CM13-0020947		
Date Assigned:	12/11/2013	Date of Injury:	09/03/2002
Decision Date:	01/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 54 year old male patient with chronic radicular low back pain, neck pain and right shoulder pain, date of injury 09/03/2002. Previous treatments include medication, physical therapy, chiropractic, arthroscopic surgery of the right shoulder, injections to the low back, cervical spine surgery 05/2012, physical therapy and L5-S1 microdiscectomy 07/2011. PR-2 report dated 07/16/2013 by [REDACTED] revealed neck pain and headaches; exam noted motion palpable fixation, restricted motion was found in the cervical-thoracic regions 4/10, asymmetry and stiffness was found in the cervical and thoracic regions, hypertonicity, tautness and tenderness was found in the cervical-thoracic regions, trigger points was found in the cervical and thoracic region, cervical ROM generally decreased, diagnoses cervicobrachial syndrome, cervical subluxation, cervical IVD w/o myelopathy; patient's prognosis is poor, manipulated of the thoracic region, plan is spinal manipulation 3x per month for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six (6) chiropractic manipulations: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It's interesting to note that the patient chief complaint is neck pain and headaches, diagnoses include cervical sUBLuxation, while the manipulation is done on the thoracic spine. The progress report on 05/29/2013 indicated that the patient received manipulation to his thoracic spine and there is a request for chiropractic treatment 4 times per month for 2 months. It is unclear of how many chiropractic treatments did the patient received; however, there is a lack of documentation in the medical records for recent flare-ups as well as functional improvement. Based on the guidelines cited above, the request for 6 chiropractic manipulation is NOT medically necessary.