

Case Number:	CM13-0020991		
Date Assigned:	10/11/2013	Date of Injury:	08/18/2011
Decision Date:	01/16/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is 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 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 55-year-old male who sustained a work related injury on 8/18/2011. According to the progress report dated 7/11/2013, the patient complained of intermittent minimal to moderate neck, mid-back, and lumbar pain. Significant objective findings include decrease lumbar range of motion by 10-15%, positive Kemps test, and mild paravertebral muscle spasm C7 to L3. The patient was diagnosed with cervical, thoracic, and thoraco-lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic additional treatments x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. According to agreed medical evaluation dated 7/24/12, the patient completed 24 chiropractic treatments. The patient stated that he feels about the same as now as he did when he started. There was no evidence of functional improvement

and the providers request for additional chiropractic sessions exceeds the guidelines recommendations. Therefore, the provider request for additional chiropractic once a month for two month is not medically necessary at this time.