

Case Number:	CM13-0025367		
Date Assigned:	11/20/2013	Date of Injury:	01/25/1990
Decision Date:	02/01/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/17/2013

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 Board Certified in Family Practice, 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 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. 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 67 year old male who reported an injury on 01/25/1990. The mechanism of injury was a fall. The patient complained of pain to the head and back. The patient has decreased cervical range of motion with flexion 31/50, extension 26/60, right lateral bend 18/45, left lateral bend 22/45, right rotation 52/80 and left rotation 48/80. The patient was diagnosed with decreased range of motion, headaches, degenerative cervical disc disease, and cervicgia. The handwritten physician's notes state the patient aggravated the neck by riding a roller coaster at [REDACTED]. The physician noted the patient is severely limited due to increased acute pain. The handwritten chiropractic notes stated the patient had an increase in pain and a decrease in cervical range of motion. The patient has been treated with conservative care that includes chiropractic treatments, physical therapy, massages and medications. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro chiropractic treatment: Upheld

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

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

Decision rationale: The patient was injured in a fall on 01/25/1990, reported pain to the head and back. The patient has been treated with medication, physical therapy, massages and chiropractic treatments. The CA MTUS guidelines do not recommend chiropractic care for elective or maintenance treatment. The guidelines state that for recurrences/flare-ups the patient needs to be reevaluated for treatment success, if return to work status is achieved then 1-2 visits every 4-6 months. The clinical documentations submitted for review indicates the patient's pain stems from exacerbation from a roller coaster ride. The patient has decreased range of motion and neck pain. However, there was no recent objective findings showing evidence of improvement. The clinical documentation submitted for review does not meet the guidelines recommendations. As such, the request is non-certified.