

Case Number:	CM13-0025731		
Date Assigned:	11/20/2013	Date of Injury:	06/25/2011
Decision Date:	01/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/17/2013

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 physician reviewer is licensed in Chiropractic 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:

According to the available medical records, this is a 55 year old male patient with chronic neck and low back pain, date of injury 06/24/2011. Previous treatments include chiropractic, group therapy program, and medications for depression. PR-2 report by [REDACTED] revealed neck stiffness and pain, headaches flare-up for stomach virus this last week; exam revealed reversal of cervical lordosis with muscle guarding, hyperkyphotic thoracic curvature, flattening of the lumbar lordosis, restriction of cervical ROM, CT C-spine showed moderate spinal & neuroforaminal stenosis; diagnoses include cervical sprain, cervical radiculitis, thoracic and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) chiropractic visit to the neck as an outpatient: Upheld

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

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

Decision rationale: Review of the available medical records suggested that this patient have been receiving ongoing monthly chiropractic treatment, PR-2 reports (12/13/2012, 01/24/2013,

2/26/2013); and PR-2 reports (04/04/2013, 05/02/2013, 06/11/2013, 07/09/2013, 08/06/2013) all indicated that the patient would like to receive a chiropractic treatment for flare up of his conditions. The medical records, however, did not document any objective functional improvement for those chiropractic visits. Based on the California MTUS guideline cited above, the request for one (1) chiropractic treatment to the neck is not medically necessary.