

Case Number:	CM13-0028288		
Date Assigned:	11/22/2013	Date of Injury:	08/28/2000
Decision Date:	01/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/23/2013

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 Board Certified 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 provided for review, this is a 63 year old female patient with chronic neck pain and a date of injury of 08/28/2000. Previous treatments include chiropractic, physical therapy, and medication. A progress report dated 08/12/2013 by [REDACTED] revealed slight to moderate frequent neck pain, 4/10; exam noted range of motion to be: flexion 50/50, extension 50/60 with pain, tenderness on palpation of cervical and occipital muscle, muscle spasm of the cervical paraspinal musculature and trapezius, head compression positive, head distraction positive, Soto-Hall positive, trigger points in right trapezius; diagnoses myofascial pain and degenerative disc disease C5-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of 4 Chiropractic visits: Upheld

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

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

Decision rationale: According to the medical records provided for review, this patient had been receiving ongoing chiropractic treatments. Although it is not clear to how many chiropractic

treatment that the patient received and how many visits are authorized; there is no documentation of objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The MTUS Chronic Pain Guidelines require documentation of objective functional improvement for the continuation of chiropractic care. The request for chiropractic treatments 4x is not medically necessary and appropriate.