MAXIMUS Federal Services

Case Number:	CM13-0029000		
Date Assigned:	11/01/2013	Date of Injury:	07/01/2002
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/24/2013

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 in Chiropractic Care, has a subspecialty in Acupuncture, and is licensed to practice in . 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.

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 43-year-old female with a date of injury of 07/01/2002. According to the progress report dated 8/19/2013, the patient complained of neck pain, upper back pain, and headaches. The patient stated that the headaches have gotten worse with decreased in narcotic usage. She rated her pain at 7-9/10. The patient has been taking her medications as prescribed and performing her home exercises. She stated that without this care her sleep and activities of daily living are much less. Significant objective findings include decrease range of motion in the cervical spine, muscle spams, and tenderness in the cervical musculature. Spurling's test was negative. The motor strength in the upper extremity was 5/5. The patient was diagnosed with cervical disc displacement 722.71, cervico/thoracic and lumbosacral myofascitis 729.1, and lumbar disc degeneration 722.52.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic treatments: 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 Manual Therapy & Manipulation Section Page(s): 58-60.

Decision rationale: The Expert Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommend manipulation for chronic pain. The patient was diagnosed

with cervical disc displacement 722.71, cervico/thoracic and lumbosacral myofascitis 729.1, and lumbar disc degeneration 722.52. The guidelines recommend a trial of 6 sessions over two weeks with a total of 18 visits over 6-8 weeks. It is not recommended for elective/maintenance care. Records indicate that the patient had prior chiropractic care. The patient noted relief with chiropractic care. There was no evidence of significant objective functional improvement with chiropractic care in the submitted documents. There were no changes in the subjective and objective findings from the provider. The request for six sessions of chiropractic treatments is not medically necessary or appropriate.