

Case Number:	CM13-0033301		
Date Assigned:	12/11/2013	Date of Injury:	06/17/1997
Decision Date:	02/19/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/09/2013

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 Licensed in Chiropractic 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 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 42-year-old female who reported an injury on 06/17/1997. The mechanism of injury was not provided. The patient's diagnosis was noted to be sprains and strains of the neck. The request was made for retrospective chiropractic 1 time a week times 8 weeks for the cervical spine with dates of service 11/19/2012 through 07/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

retro respect for 8 sessions of chiropractic care (1 times a week for 8 weeks) for the cervical spine (DOS: 11/19/12-07/18/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Chapter.

Decision rationale: CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. However, it does not specifically address the cervical spine. As such, secondary guidelines were sought. The Official Disability Guidelines indicates the

treatment for Regional Neck Pain is 9 visits. The clinical documentation submitted for review failed to provide an objective physical examination prior to the start of care that was being requested, 11/19/2012. As such, the necessity for the request for 8 sessions of Chiropractic care (1 a week for 8 weeks) of cervical spine. DOS: 11/19/12-07/18/2013 could not