

Case Number:	CM13-0040138		
Date Assigned:	12/20/2013	Date of Injury:	03/23/1990
Decision Date:	02/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/08/2013

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 & Acupuncture 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:

Claimant is a 60 year old male who sustained a work related injury on 3/23/1990. His primary diagnoses are cervical and lumbar sprain and spondylosis. Per a PR-2 on 12/16/2013, he has neck, upper extremity, lower back and lower extremity symptoms. There is reduced range of motion of the neck and low back. He is on oral medications. He has had 12 chiropractic treatments since 9/11/13. Initially there was a reduction of VAS from his chiropractic treatments. After 12 treatments, the pain scale increased again. No objective functional improvement was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic spinal adjustment, PT and myofascial release from 9/30/2013 to 11/1/2013, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guideline, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has twelve chiropractic treatments, but the provider has failed to document functional gains. Therefore further chiropractic is not medically necessary.