MAXIMUS Federal Services

Case Number:	CM13-0044004		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2008
Decision Date:	03/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 56-year-old female who reported a work-related injury on 1/23/08. The specific mechanism of injury was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for six chiropractic treatments for the cervical spine through [redacted] between 9/30/13 and 11/29/13: Upheld

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

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

Decision rationale: There was no available documentation submitted prior to September 2013, when the patient began chiropractic treatment. The clinical notes state that the patient had been utilizing chiropractic manipulation sporadically throughout her course of treatment. Documentation of significant objective functional improvement was not evidenced. The California MTUS indicates that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive

activities. Given the lack of documentation evidencing the patient's objective functional deficits upon physical exam, and the patient's documented efficacy with previous chiropractic treatment, the request is not medically necessary or appropriate.

The request for six chiropractic treatments for the thoracic spine through [redacted] between 9/30/13 and 11/29/13: Upheld

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

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

Decision rationale: There was no available documentation submitted prior to September 2013, when the patient began chiropractic treatment. The clinical notes state that the patient had been utilizing chiropractic manipulation sporadically throughout her course of treatment. Documentation of significant objective functional improvement was not evidenced. The California MTUS indicates that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Given the lack of documentation evidencing the patient's objective functional deficits upon physical exam, and the patient's documented efficacy with previous chiropractic treatment, the request is not medically necessary or appropriate.

The request for six chiropractic treatments for the lumbar spine through [redacted] between 9/30/13 and 11/29/13: Upheld

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

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

Decision rationale: There was no available documentation submitted prior to September 2013, when the patient began chiropractic treatment. The clinical notes state that the patient had been utilizing chiropractic manipulation sporadically throughout her course of treatment. Documentation of significant objective functional improvement was not evidenced. The California MTUS indicates that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Given the lack of documentation evidencing the patient's objective functional deficits upon physical exam, and the patient's documented efficacy with previous chiropractic treatment, the request is not medically necessary or appropriate.

The request for six chiropractic treatments for the bilateral wrists through [redacted] between 9/30/13 and 11/29/13: Upheld

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

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

Decision rationale: There was no available documentation submitted prior to September 2013, when the patient began chiropractic treatment. The clinical notes state that the patient had been utilizing chiropractic manipulation sporadically throughout her course of treatment. Documentation of significant objective functional improvement was not evidenced. The California MTUS indicates that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Given the lack of documentation evidencing the patient's objective functional deficits upon physical exam, and the patient's documented efficacy with previous chiropractic treatment, the request is not medically necessary or appropriate.