

Case Number:	CM13-0045245		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2011
Decision Date:	05/21/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 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, this is a 32 year old male patient with chronic upper and mid back pain, date of injury 04/11/2011. Previous treatments include physiotherapy. There is no other medical/treatment records available for review. Progress report dated 10/03/2013 by the treating doctor revealed constant moderate sharp headache, aggravated by prolonged looking up and prolonged looking down; constant moderate upper/mid back pain. Thoracic Spine flexion 40/45, left rotation 40/30 and right rotation 20/30. Diagnoses include dizziness, headaches, muscle spasm, thoracic sp/st, loss of sleep, anxiety, depression and respiratory abnormality. Treatment plan include chiropractic 2-3x per week for 6 weeks and acupuncture 1-2x per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THREE (3) TIMES A WEEK FOR SIX (6) WEEKS THORACIC:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section, Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section, Page(s): 58-59.

Decision rationale: The available medical records reviewed this patient has been treated with physiotherapy modalities on 09/09/2013, 09/16/2013, 09/30/2013. There is no document of recent flares-up and no functional loss reported. Based on the guidelines cited above, the request for chiropractic 3x a week for 6 weeks is not medically necessary.