

Case Number:	CM13-0048448		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2013
Decision Date:	11/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/05/2013

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 a licensed Chiropractor 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 56 year old female with chronic neck and back pain, date of injury is 05/10/2013. Previous treatments include medications, chiropractic, physical therapy, lumbar support. Progress report dated 10/10/2013 by the treating doctor revealed patient complaining of significant worsening of her condition attributing to being required to lift computers at work and carry out heavy activities such as pushing and pulling heavy objects. Exam of the cervical spine and the lumbosacral spine is unremarkable. Neurological exams are normal. Assessment includes sprain/strain of the cervical/thoracolumbar/lumbosacral spine. The patient returned to work modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presents with ongoing neck and back pain despite previous treatments with medications, physical therapy and chiropractic. She recently completed 18 chiropractic treatments. According to the progress report, the physical exam is unremarkable; there are no objective functional deficits. Based on the MTUS guideline cited, there are no objective functional deficits that warrant additional chiropractic treatments, and the claimant has exceeded the total of chiropractic visits recommended. Therefore, the request is not medically necessary.