

Case Number:	CM13-0053832		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2006
Decision Date:	03/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 40 year old injured worker with chronic neck pain, date of injury 06/07/2006. Previous treatments noted to include medications and cervical spine surgery in 07/2011. There are no other treatment records available for review. There are no recent reports or medical reports associated with this request for 8 chiropractic treatments available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the cervical spine, 8 visits, 2 times a week for 4 weeks is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend chiropractic as therapeutic - trial of 6 visits over 2 weeks, with evidence of objective functional improvement. 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. There were no recent reports or medical reports regarding the request for chiropractic treatments included in the medical records submitted for review. Additionally, there is no such therapeutic exercise program available to the patient. The request for eight sessions of chiropractic treatment for the cervical spine, twice a week for four weeks is not medically necessary and appropriate.