

Case Number:	CM13-0054532		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2013
Decision Date:	03/14/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 patient sustained an industrial injury to his neck, ribs and back on 02/25/2013 that resulted from a slip and fall on ice landing flat on his back. Prior treatment history reveals that the patient has undergone an 8 month course of treatment for neck complaints and headache which has included medications, physical therapy, chiropractic treatment and other modalities. Physical therapy (PT) did not help his neck previously and he reported chiropractic appointments helped the most. He has had 8 sessions of PT and kept his chiropractic appointments as scheduled. Medications included metronidazole, Flexeril, and tetracycline. A clinic note on 10/29/2013 indicates the patient received treatment from [REDACTED]. He had a slight neck ache/stiffness and things are physically the same. There was no improvement in range of motion (ROM) of his head/neck. He had difficulty with side to side. No pain on palpation. It was recommended he try massage but patient declined. More chiropractic care was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the continued chiropractic care is recommended if there is substantive, measurable functional gains with remaining functional deficits have been achieved. A note dated 10/29/2013 indicates previous chiropractor treatment helped but there is no documentation submitted for review that indicates previous chiropractic treatment resulted in any objective functional improvement. Also, it is unclear from the records submitted regarding the total number of sessions previously provided. Hence, the request for additional 6 sessions of chiropractic treatment is non-certified.