

Case Number:	CM13-0058657		
Date Assigned:	12/30/2013	Date of Injury:	11/25/2012
Decision Date:	06/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/27/2013

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 Board Certified in Anesthesiology 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:

The patient is a 59 year old female whose date of injury is 11/25/2012. The patient was walking by an exit door when her right shoe got stuck in the gap of some tiles and she fell, hitting her head, right shoulder, cervical spine and lumbar spine area. EMG/NCV dated 06/26/13 was a normal study of the upper extremities. Note dated 11/05/13 indicates that the patient has almost finished her first round of chiropractic treatment. She continues to have pain in the cervical spine, right shoulder and lumbosacral spine. Note dated 11/13/13 indicates that chiropractic care has helped her with decreasing pain levels, allowing her to not need narcotics for chronic pain control, maintain modified duty and has helped her with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice a week for four weeks for the cervical spine: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for chiropractic twice a week for four weeks for the cervical spine is not recommended as medically necessary. It

is unclear how many sessions of chiropractic treatment the patient has completed to date. There are no objective measures of improvement documented to establish efficacy of treatment and support additional sessions. CA MTUS guidelines report that if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. There are no specific, time-limited treatment goals provided.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Based on the clinical information provided, the request for urine drug screen is not recommended as medically necessary. The patient's current medication regimen is not documented. The submitted records fail to establish that the patient is taking any medications that require monitoring at this time. Prior drug screen dated 11/05/13 revealed negative findings.