

Case Number:	CM13-0059836		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2012
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 is a 46-year-old female who reported an injury on 11/16/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical disc syndrome, lumbar disc syndrome, radicular neuralgia, cervical sprain, thoracic sprain, lumbar sprain, headaches, segmental dysfunction, knee sprain, sacroiliac sprain, and stress with depression. The patient was seen by [REDACTED] on 04/30/2013. The patient has participated in a course of chiropractic treatment. The patient reported marked tenderness to palpation with insomnia. Physical examination revealed restricted range of motion, trigger points, and decreased strength. Treatment recommendations included additional chiropractic treatment including 4 to 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic sessions 4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition.

Treatment for the low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. The patient has previously participated in chiropractic treatment. However, documentation of objective functional improvement has not been provided. Therefore, ongoing treatment cannot be determined as medically appropriate. The request for additional chiropractic sessions, 4-6 is not medically necessary and appropriate.