

Case Number:	CM13-0061811		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	04/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 licensed in Chiropractor 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 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 57-year-old female who reported an injury on 05/08/2013. The mechanism of injury involved a fall. The patient is diagnosed with concussion, posttraumatic headaches, nasal fracture, cervical sprain, thoracic sprain, lumbar sprain, right shoulder sprain, and left knee contusion. A request for authorization of 8 sessions of chiropractic treatment was submitted on 11/07/2013 by [REDACTED]. However, there was no progress report submitted on the requesting date. The latest progress report submitted by [REDACTED] is dated 07/29/2013. The patient reported persistent pain over multiple areas of the body. Physical examination revealed tenderness to palpation of the cervical and lumbar spine, diminished lumbar range of motion, diminished right shoulder range of motion, positive impingement sign, and intact sensation in bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 6 visits for the Neck and Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation is recommended for the low back with a therapeutic trial of 6 visits over 2 weeks. As per the documentation submitted, the requesting provider has previously recommended chiropractic therapy for this patient. However, it is unknown whether the patient participated in the chiropractic therapy. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.