

Case Number:	CM13-0063051		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2010
Decision Date:	03/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 licensed as a 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 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 42-year-old female who reported an injury on 01/25/2010. The mechanism of injury was not provided for review. The patient's treatment history included chiropractic care, activity modification, medications, a cervical radiofrequency ablation, and psychological support. The patient's most recent clinical evaluation documented that the patient had limited cervical spine range of motion secondary to pain. The patient's diagnoses included cervical pain, and upper extremity radiculopathy. The patient's treatment plan included continuation of chiropractic care, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Chiropractic twice a week for three weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 73. Decision based on Non-MTUS Citation ODG; (Neck and Upper Back Chapter)

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

Decision rationale: The requested chiropractic care twice a week for 3 weeks for the neck is not medically necessary or appropriate. The clinical documentation submitted for review does

provide evidence that the patient previously received chiropractic care. California Medical Treatment Utilization Schedule recommends continuation of treatment be based on documentation of significant functional benefit. The clinical documentation submitted for review fails to provide any evidence that the patient received significant functional benefit from prior treatments. Therefore, continuation of treatment would not be supported. As such, the requested chiropractic care twice a week for 3 weeks is not medically necessary or appropriate.