

Case Number:	CM13-0064292		
Date Assigned:	01/03/2014	Date of Injury:	04/04/2011
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/11/2013

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 Chiropractic and Acupuncture 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 injured worker is a 54 year old male who reported numerous aches, chest pain, headaches, neck and low pain from injury sustained on 4/4/11 with no mechanism of injury other than a supervisor yelling at him. Patient was diagnosed with cervical radiculopathy; lumbar radiculopathy and bilateral shoulder impingement syndrome. Patient has been treated with medication, physical therapy, acupuncture and chiropractic. Primary treating physician is requesting additional 6 chiropractic treatments. PR2 notes dated 07/16/13 state that patient continues to have neck and low back pain; paravertebral muscles are tender; spasm is present and there is restricted range of motion. Per notes dated 09/18/13, patient continues to have neck, low back and right arm pain; pain is rated at 5-6/10. Per notes dated 10/16/13, patient states that he is in extreme pain; suffering from neck, back and arm pain; headaches have worsened and he is continuing to take pain medication. Patient completed his course of chiropractic care which he states helped with neck and back. There is no assessment in the provided medical records of functional efficacy with prior chiropractic visits. Patient hasn't had any long term symptomatic or functional relief with care as he continues to be in extreme pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION NECK/BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chiropractic and Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation, Page(s): 58-59.

Decision rationale: Patient hasn't had any mechanism of injury. Patient has had prior chiropractic treatments with symptomatic relief; however, clinical notes fail to document any functional improvement with prior care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.