

Case Number:	CM13-0064471		
Date Assigned:	01/03/2014	Date of Injury:	11/29/2011
Decision Date:	12/17/2014	UR Denial Date:	11/22/2013
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 a licensed Chiropractor 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:

According to the available medical records, this is a 48 year old male with chronic neck and low back pain, date of injury is 11/29/2011. Previous treatments include medications, physical therapy, chiropractic, and home exercises. Progress report dated 09/05/2014 by the treating doctor revealed patient's chief complaint of increased neck pain, no additional trauma that flare-ups more frequently, occasionally pain radiates to arms, pain is 6/10, frequent, moderate, dull, sharp, and cramping. Objective findings include mild palpatory tenderness with spasm in the cervical, positive compression test to bilateral upper extremities, decreased cervical ROM (range of motion). Diagnoses include cervical sprain/strain with degenerative disc disease C4-5, low back unchanged. The patient returned to usual and customary duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presents with flare up of his chronic neck pain. Reviewed of the available medical records shows he has responded well to chiropractic treatment previously. Chiropractic may be indicated for this flare up; however, the request for 12 chiropractic sessions exceeds the MTUS guideline recommendation of 1-2 visits every 4-6 months. Therefore, the request is not medically necessary.