

Case Number:	CM13-0066956		
Date Assigned:	01/03/2014	Date of Injury:	07/27/2008
Decision Date:	05/20/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 50 year old male patient with chronic neck pain, date of injury 07/28/2007-07/28/2008. Previous treatments include medications, chiropractic and cervical fusion. A progress report dated 10/16/2013 by the treating doctor revealed pain in the cervical spine, difficulty sleeping, painful cervical range of motion; diagnoses include cervical pain, post cervical fusion. There are no other treatment records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE CERVICAL SPINE, 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering, and the Restoration of Function, Chapter 6, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: According to the medical records provided for review, this patient has had some chiropractic and physiotherapy treatments previously and from 08/07/2013 to 10/16/2013.

However, there are no treatment records available for review, no recent flares-up documented, and no objective functional improvements noted. In the absence of documented flares-ups and objective functional improvement, the injured worker does not meet the MTUS Chronic Pain Guidelines' criteria for continued chiropractic care. The request for chiropractic care 2x a week for 4 weeks is not medically necessary and appropriate.