

Case Number:	CM13-0070940		
Date Assigned:	01/08/2014	Date of Injury:	01/23/2013
Decision Date:	07/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/26/2013

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 has a subspecialty in Pediatric 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:

The injured worker is a 34 year old female with an original date of injury of 1/23/13. The mechanism of injury occurred when the patient was struck from behind by a soccer ball to the back of the head. The patient sustained injuries to the right wrist back, head, hip and neck. A CT scan on 1/23/13 was negative. The patient has received Physical therapy, but this was not helpful in relieving the patient's symptoms. There is no indication that the patient has received any chiropractic care. There is no documentation presented that indicates the patient has had a recent flare-up of neck or low back pain. The disputed issue is a request for chiropractic treatments for the cervical and lumbar spines. The request does not specify a quantity of chiropractic treatments that are needed at this time. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the lumbar and cervical spine (frequency and duration unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. This request was non-specific and the documentation does not indicate a flare-up of cervical and lumbar pain. The request for chiropractic treatments for the cervical and lumbar spines is non-certified.