

Case Number:	CM14-0000266		
Date Assigned:	01/10/2014	Date of Injury:	03/05/2013
Decision Date:	08/07/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 42 year old male patient with chronic neck pain, date of injury 03/05/2013. Previous treatments include medications, physical therapy and chiropractic. Progress report dated 10/31/2013 revealed neck pain. The patient completed 12 chiropractic sessions which help a portion of his pain & increased ROM. Exam noted no swelling, no paraspinous muscle tenderness, ROM is 65% of normal, sensation mildly diminished to light touch. Diagnoses include cervicalgia and cervical sprain. The patient continue to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL CHIROPRACTIC TREATMENTS FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, page 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 58-59.

Decision rationale: According to an undated progress report that initially requesting 12 chiropractic visits for treatment of his neck pain, on examination, there is tender midline cervical spine, cervical ROM is 75% of normal with pain on extremes flexion, extension, and rotations. Upon completing 12 chiropractic visits, the patient cervical ROM was 65% of normal and he was still on temporarily totally disabled. There is no evidences of functional improvements with

chiropractic treatments for this patient cervical spine. Based on the guidelines cited above, the request for additional 12 visits is not medically necessary.