

Case Number:	CM14-0003269		
Date Assigned:	01/31/2014	Date of Injury:	11/30/1993
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 licensed in Chiropractic and is licensed to practice in Texas. 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 77 year old male who reported an unspecified injury on 11/30/1993; the mechanism of injury was not provided within the medical records. Within the clinical note dated 10/23/2013 the injured worker reported neck pain radiating down upper extremities bilaterally rated 7/10. The injured worker claimed he completed some physical therapy, but has exacerbated the pain. The physical exam documented limited lumbar range of motion with a positive straight leg raise test. The treatment plan proposed included continuation of oral medication, authorize nerve root blocks at L3 and L4, continue home exercises, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT DATE OF SERVICE 11/20/13: Upheld

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

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

Decision rationale: The retrospective for chiropractic treatment on 11/20/2013 is non-certified. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by

musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. There was a lack of clinical documentation there was a functional deficit that would indicate the medical necessity for chiropractic therapy. In addition, there was a documented report that physical therapy had already failed and worsened the functional status of the injured worker. Also, there is not documentation the injured worker had an appointment that day and the treatment plan did not address the recommendation for chiropractic therapy and which body part. Thus, the request is not medically necessary or appropriate.