

Case Number:	CM14-0003464		
Date Assigned:	01/31/2014	Date of Injury:	02/18/2013
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
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 Services 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 46 year old male who reported an injury on 02/18/2013 secondary to unknown mechanism of injury. The diagnoses included left elbow pain. The injured worker was evaluated on 11/13/2013 for reports of left elbow pain. The exam noted no evidence of objective physical exam. The treatment plan included a chiropractic evaluation. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CHIROPRACTIC EVALUATION OF THE NECK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The request for one chiropractic evaluation of the neck is non-certified. The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines also recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no evidence of objective exam findings of function or pain levels. There is also a lack of

objective findings of neck pathology to indicate a need for chiropractic care. Furthermore, there is no evidence of exhaustion of conservative measures such as Non-Steroidal Anti-Inflammatory Drugs (NSAID) and physical therapy in the documentation provided. As such, the request is not medically necessary and appropriate.