

Case Number:	CM14-0003610		
Date Assigned:	01/31/2014	Date of Injury:	03/20/2012
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
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 50 year old female who reported an injury on 03/20/2012, due to moving a printer. The clinical note dated 06/03/2013 presented the injured worker with neck pain radiating up to her head, and to the left shoulder down to her hand. The physical exam findings included both arms with full abduction, adduction, lateral rotation, external rotation, flexion, and extension. She was diagnosed with a neck sprain/strain. The provider recommended 12 additional chiropractic visits. The request for authorization form was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL CHIROPRACTIC VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The California MTUS guidelines recommend that chiropractic care for chronic pain if caused by musculoskeletal conditions. 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. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. The documents provided lack evidence that the injured worker would benefit from future chiropractic treatments. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The injured worker previously underwent at least 24 sessions of chiropractic care; therefore, the request for 12 additional sessions would further exceed the guideline recommendations. Therefore, the request is not medically necessary and appropriate.