

Case Number:	CM14-0006530		
Date Assigned:	05/23/2014	Date of Injury:	10/02/2013
Decision Date:	07/11/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/17/2014

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 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 34 years old female patient with neck pain, date of injury 10/02/2013. Previous treatments include medications, physical therapy, chiropractic and modified work. Progress report dated 01/08/2014 revealed cervical spine pain on the right, posterior paresthesia soft tissue and suboccipital, 7/10, aggravated with turning head, difficulty with under garments and clothing, trouble bending over, caring for her children, focussing and concentrating, have trouble driving; associated righth C8 numbness. Cervical exam revealed +3 TTP right, +2 TTP left posterior, cervical flexion 10 degrees with moderate pain, extension 10 degrees with moderate pain, lateral flexion 10 degrees bilaterally with mild pain, rotation 20 degrees both side with mild pain. Six additional chiropractic visits requested. Patient is on modified duties but not accommodated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC THERAPY 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the medical records, this patient has had at least 6 chiropractic treatments with no evidences of objective functional improvement. The patient pain level remain the same, ADL difficulty unchanged, ROM didn't improve. Based on the guideline cited above, the request for additional 6 chiropractic therapy sessions is not recommended.