

Case Number:	CM14-0101870		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2009
Decision Date:	08/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/31/2014

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, has a subspecialty in Pediatric 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:

The injured worker is a 37 year old individual with an original date of injury of 1/14/09. The patient underwent right hip surgery in Feb. 2013. The patient has received physical therapy, but this was not helpful in relieving the patient's symptoms. The patient has also been treated medically with a variety of pain medications. The injured worker has undergone chiropractic treatments, but it is unclear as to how many treatments have been received or the efficacy of this treatment. There is no documented objective, functional improvement noted. The disputed issue is a request for 6 additional chiropractic treatments for the cervical spine. An earlier Medical Utilization Review made an adverse determination regarding this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 6 SESSIONS CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIONS Page(s): 58-60. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK CHAPTER.

Decision rationale: The Official Disability Guidelines recommend a trial of 6 visits over 2-3 weeks. With improvement, a total of up to 18 visits over 6-8 weeks are recommended. There is insufficient documented objective, functional improvement from the previous chiropractic treatment. Recent flare-ups are also not clearly documented. The request for 6 additional chiropractic treatments for the cervical spine is not medically necessary and appropriate.