

Case Number:	CM14-0105856		
Date Assigned:	09/18/2014	Date of Injury:	09/24/1995
Decision Date:	12/19/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in Acupuncture 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 patient is a 64-year-old female with a date of injury of 9/24/1995. According to the report dated 5/28/2014, the patient complained of shoulder and elbow pain. The provider noted that a medication allows her to remain functional and carry out activities of daily living. The pain was rated at 7/10. The pain was described as aching, constant, and severe. Significant objective findings include trigger points in the head and neck, bilateral paraspinous tenderness, and decrease cervical range of motion. Motor strength was grossly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care once per week for 6 weeks for the neck, back and shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic, Manipulation

Decision rationale: The Official Disability Guideline recommends an initial trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks is recommended for moderate cervical strain/sprain. Upon review of the submitted

records, the patient had prior chiropractic care. The provider noted that chiropractic has helped her 60-70 percent. However, there was no documentation of functional improvement with prior chiropractic care. Therefore, the provider's request for 6 chiropractic care is not medically necessary at this time.