

Case Number:	CM14-0013205		
Date Assigned:	02/26/2014	Date of Injury:	09/06/2010
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Care 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 24 year old female who was injured on 09/06/2010. Prior treatment history includes physical therapy and 2 sessions of chiropractic therapy, home exercise treatment and E-stim. The patient's medications as of 01/06/2014 include Nexium, Elmiron, atenolol, Lyrica, Aleve, Valtrex and HyoMax-DT. An orthopedic note dated 01/06/2014 states that the patient presents with complaints of neck pain. She has had slight improvement since her last visit. She rates her pain as 3/10. She describes her symptoms as burning and sharp radiating with numbness and tingling; however, the complaint does not limit activities. She also reported upper back pain which she reports has increased since the last visit. She rates her upper back pain as a 5/10. She had mid back pain rated at 5/10. On exam, the spine was noted to have intersegmental joint hypomobility noted at C2-C3, C3-C4, T4-T5, L4-L5, and S1. She is diagnosed with nonallopathic lesion of the cervical region and thoracic region, myalgia and myositis, cervicgia, head/neck symptom and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 1XWKX2WKS, CERVICAL AND THORACIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, Page(s): 58-59.

Decision rationale: According the MTUS Chronic Pain Medical Treatment Guidelines, a trial of 6 chiropractic visits over 2 weeks is recommended, with evidence of objective functional improvement. From the reviewed medical records this patient has completed 2 chiropractic treatments. This patient needs to complete a trial of care to see if she is a candidate for continued chiropractic care or not. The guidelines state that the time to produce effect is 4-6 visits. The treatment requested is 2 visits over 2 weeks, which is within the guideline recommendation. Therefore, the requested chiropractic care is medically necessary.