

Case Number:	CM14-0015738		
Date Assigned:	03/03/2014	Date of Injury:	10/17/1997
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 62 year old male who sustained an injury to his neck on 10/17/1997. The mechanism of injury is described as a fall while working as a sanitation worker. The PTP's progress report states that the subjective complaints are "Neck pain has flare up. Now with constant ache at base of neck. Hurts to turn left and right." Patient has been treated with medications, home exercise program, physical therapy, ice/heat and chiropractic care. MRI and X-ray studies of the neck have not been documented on the progress reports available for review. Diagnosis assigned by the PTP is degenerative disc disease neck. The PTP is requesting 6 sessions of chiropractic care to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL CHIROPRACTIC VISITS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, Manipulation Section.

Decision rationale: This patient suffers from a chronic injury to his neck. Future medical award allows for 6-12 chiropractic treatments per year, according to the notes provided in the records. The patient has received chiropractic care for this injury per the records provided for review. The MTUS ODG Neck and Upper Back Chapter recommend manipulation for flare ups with evidence of objective functional improvement. The patient has been returned to full duty at the present time following the chiropractic treatment he received in 2013. Objective functional improvement has been demonstrated with prior chiropractic care. Given that this improvement and return to work status has been demonstrated and as indicated by MTUS I find that the request for 6 chiropractic sessions to be medically necessary and appropriate.