

Case Number:	CM14-0017532		
Date Assigned:	04/14/2014	Date of Injury:	10/31/2012
Decision Date:	05/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/11/2014

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 Services, 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 56 year old female with a date of injury of 10/31/2012. According to the progress report dated 1/23/2013, the patient complained of neck pain as well as numbness at the right foot and hand. There was no weakness in the arms and legs. Significant objective findings include positive Spurling's and straight leg raise on the right. There was decrease sensation in the right foot and hand. The patient was diagnosed with myofascial pain syndrome, cervical and lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC TREATMENT 2 TIMES WEEKLY FOR 4 WEEKS, CERVICAL/LUMBER QTY: 8.00: 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 Manual Therapy And Manipulation Page(s): 58-60.

Decision rationale: Chiropractic manipulation is recommended as a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Records show that the patient received 6 chiropractic sessions between 10/17/2013 through

11/04/2013. The chiropractic provider noted that the patient improved 10% since the start of chiropractic care. In addition the pain scaled decreased from 10/10 to 9/10 after the 6th visit. There were no significant documentation of functional improvement from chiropractic care. There were no significant changes in the requesting providers progress report dated 9/19/2013 and 1/23/2014. Based on the lack of objective functional improvement, the provider's request for additional chiropractic treatment 2 times a week for 4 weeks is not medically necessary at this time.