

Case Number:	CM14-0019036		
Date Assigned:	04/28/2014	Date of Injury:	11/30/2011
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 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:

According to the available medical records, this is a 44 year old male patient with chronic cervical and thoracic pain, date of injury 11/30/2011. Previous treatments include chiropractic, acupuncture, medications, and physical therapy. Progress report dated 01/16/2014 by the treating doctor revealed 7/10 neck pain on pain scale, C-Rom is 50% of expected, bilateral bicep tendon reflex 1+, motor examination of the UE did not reveal focal deficit, sensory exam of the UE was intact to pin/light touch; treatment plan include 8 more visits chiropractic for the neck and thoracic and 8 visits of acupuncture for the cervical and thoracic spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TO THE CERVICAL AND THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 58, 59.

Decision rationale: Review of the available medical records show that the patient had multiple chiropractic treatment in the previous months with no document of objective functional

improvement. Based on the guidelines cited above, the request for additional chiropractic visits is not medically necessary.