

Case Number:	CM14-0121228		
Date Assigned:	08/06/2014	Date of Injury:	06/05/2013
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 Acupuncture and is licensed to practice in Texas. 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 injured worker is a 42-year-old female who reported injury on 06/05/2013. The mechanism of injury was the injured worker was walking outside with a small bin to clean a bloody finger and the injured worker tripped and fell after stepping on sidewalk chalk on the cement. The surgical history and diagnostic history were not provided. The documentation indicated the injured worker had 12 sessions of chiropractic treatment. The medication history included orphenadrine 100 mg, etodolac ER 600 mg, and Polar Frost gel. The documentation of 06/26/2014 revealed the injured worker had neck and mid back pain. The diagnosis was cervical and thoracic strain. The note was handwritten and difficult to read. The treatment plan included 6 chiropractic visits. The documentation indicated the injured worker was last in the office in 08/2013. There was no DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treat 2 times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: The California MTUS Guidelines indicate that if there is a recurrence or flare up, there needs to be a reevaluation of prior treatment successes. The clinical documentation submitted for review indicated the injured worker had previously undergone 15 sessions of chiropractic care. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the body part to be treated with the chiropractic evaluation and treatment. Given the above, the request for chiropractic evaluation and treat 2 times 3 is not medically necessary.