

Case Number:	CM14-0123878		
Date Assigned:	08/08/2014	Date of Injury:	06/09/1999
Decision Date:	10/01/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation 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:

Medical records reflect the claimant is a 66 year old female who sustained a work injury on 6-9-99. On this date, the claimant reported neck pain as a result of working on the computer. The claimant was been treated conservatively for this injury. Office visit on 6-2-14 notes the claimant reports increase in pain in her cervical spine and upper right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x 4 Visits Within 45 Days- Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - manipulation

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that manipulation is an option for chronic pain conditions. However, this claimant has had 12 chiropractic sessions this year and there is an absence of objective functional improvement. Additionally, there is an absence in documentation noting that this claimant cannot perform a home exercise program. Therefore, the medical necessity of this request is not established.

