

Case Number:	CM14-0150279		
Date Assigned:	09/18/2014	Date of Injury:	03/06/2007
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/15/2014

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 a licensed Chiropractor & Pediatric Chiropractor, 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 injured worker is a 57 year old individual with an original date of injury of 3/6/07. The mechanism of this industrial injury was not specified. Diagnoses include cervical and lumbar discogenic syndrome, extremity pain and chronic pain. At this time, the patient is on full work status. The injured worker has undergone approved chiropractic treatments, without documented objective, functional improvement. There is no indication that this was an acute flare-up. The disputed issue is a request for 8 additional chiropractic treatments for the neck, upper extremities and low back, with sessions 2 times a week for 4 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4 to the neck, upper extremities, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck and Upper Back Chapter. Shoulder Chapter.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Since the CA MTUS does not directly address cervical and extremity manipulation, the ODG is also utilized. The Official Disability Guidelines recommends chiropractic treatment for cervical and extremity pain, but says it would not be advisable beyond 6 visits over 2-3 weeks if there is not clear objective, functional improvement. There is no documented objective, functional improvement noted from the previous chiropractic treatment. There is no evidence of an acute flare-up of the patient's condition. The request for 8 additional chiropractic treatments for the neck, upper extremities and low back, with sessions 2 times a week for 4 weeks is not medically necessary.