

Case Number:	CM14-0156632		
Date Assigned:	09/26/2014	Date of Injury:	09/03/2013
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has a history of motor vehicle accident one year ago. The patient has chronic neck back and shoulder pain. Treatment has included 9 sessions of physical therapy. The patient has had 6 chiropractic sessions with unknown results. Patient has epidural steroid injections. Patient had arthroscopic surgery on the left shoulder. Patient is a TENS unit. MRI of the neck and the low back show various disc bulges with degenerative features. MRI left shoulder does not show rotator cuff tear but small labral tear. The patient continues to have chronic pain. On physical examination is decreased range of neck and back motion. Straight leg rising is positive on the left. At issue is whether additional chiropractic care is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Chiropractic treatment for neck or low back pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back Chapter, ODG low back chapter

Decision rationale: This patient does not meet establish criteria for additional chiropractic care for chronic pain. Smoothly the patient is early had 6 chiropractic sessions without any documentation of the results of the medical records. While chiropractic care may be appropriate for chronic pain, functional gain some chiropractic care must be established and documented in the medical records. Since there is no documentation a functional proven of the previous chiropractic care, the therapeutic benefits of chiropractic care remain unknown at this time. Guidelines for Additional chiropractic care not met.