

Case Number:	CM14-0173603		
Date Assigned:	10/24/2014	Date of Injury:	08/28/2012
Decision Date:	12/03/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The patient is a 51-year-old female with a date of injury of 08/28/2012. According to the progress report dated 8/18/2014, the patient complained of neck, upper back, and low back pain. The patient states that the pain symptoms still persist. The patient denies numbness, tingling, and weakness. Significant objective findings include limited range of motion in the cervical and lumbar spine due to pain and stiffness. There was tenderness over the cervical and lumbar muscles. Motor and sensory examinations were normal in the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to the cervical, thoracic, and lumbar spine, two (2) times per week over three (3) weeks: 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 & manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with

evidence of objective functional improvement. It is not recommended for elective/maintenance care. The provider requested 8 chiropractic sessions on February 25, 2014 and was authorized six chiropractic treatments. There was no documentation of the functional improvement from the six authorized chiropractic sessions. Based on the lack of functional improvement from the six authorized chiropractic sessions, the provider's request for an additional six chiropractic session is not medically necessary at this time.