

Case Number:	CM14-0177708		
Date Assigned:	10/31/2014	Date of Injury:	02/04/2010
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Services, has a subspecialty in Acupuncture 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 reported to be a 77 year old female with a 2/4/2010 date of injury; mechanism of injury was not provided. The patient has been under medical management with [REDACTED], MD from approximately 9/23/13. She has obtained 12 Chiropractic visits through the request for additional care on 10/6/14. The patient presented on 9/23/14 to [REDACTED] increased neck pain on the right with a feeling it was out of place. Limited ROM was reported on flexion and lateral bending. Diagnosis: right sided cervicothoracic strain. Additional Chiropractic care, 6 sessions was requested. Past medical history of care: 20 PT, 6 Acupuncture and 12 Chiropractic visits. A UR determination of 10/14/14 recommended non-certification of the 2x3 request for Chiropractic care stating that no clinical evidence of functional improvement was provided supporting additional care. CAMTUS 2009; Chronic Treatment Guidelines were offered as support for the denial recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times a Week for 3 Weeks to the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009; 9294.2 manual therapy and manipulation Page(s): 58/59.

Decision rationale: The patient is reported to be a 77 year old administrative assistant who sustained a reported traumatic injury to the right side of her head on 2/4/2010 per [REDACTED] in his 10/6/14 PR-2 report. The request for additional Chiropractic care, 2x3 did not address the patients prior history of Chiropractic manipulation leading to functional improvement as required by the CAMTUS Chronic Treatment Guidelines. Care as requested per the 10/6/14 PR-2 was for "maintenance purposes" which is not supported by referenced guidelines. The denial of Chiropractic care was based on reviewed documents and supported by CAMTUS Chronic Treatment Guidelines.