

Case Number:	CM14-0178469		
Date Assigned:	10/31/2014	Date of Injury:	06/30/2011
Decision Date:	12/08/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/28/2014

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:

According to the available medical records, this is a 61 year old female with chronic neck and low back pain, date of injury is 06/30/2011. Previous treatments include medications, chiropractic, and acupuncture. Progress report dated 05/27/2014 by the treating doctor revealed patient complains of moderate, infrequent/intermittent neck pain associated with headaches, the episodes trigger a body fatigue, disorientation and dizziness described by the patient as a "fog". Objective findings include palpatory sensitivity and tenderness along the right side of the neck, especially at C4-6 and suboccipital region, difficulty with cervical rotation, 10% restriction, right suboccipital pain at both right and left end ranges, axial cervical compression is negative, light cervical traction is comfortable. Diagnoses include cervicalgia, cervical sp/st, lumbar segmental dysfunction, and thoracic segmental dysfunction. The patient returned to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per month times 2 months, 4 visits (1-2 per month, PRN0 for the cervical and lumbar spine: 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 Page(s): 58-59.

Decision rationale: The claimant presents with ongoing neck pain, there is no document of recent flare up. Progress report dated 05/27/2014 by the treating doctor noted the claimant has completed 6 chiropractic treatments from 02/04/2014 to 05/22/2014, treatments consisted of CMT of spinal facet joints, myofascial release, traction, and therapeutic exercises, a frequency of 1-2 chiropractic treatments per month has proven to manage symptoms well and prevent lasting exacerbations. Treatment frequency of 1-2 visits per month with no document of flare up appear to be maintenance care. MTUS guidelines do not recommend maintenance care and therefore, the request for Chiropractic 2 times per month times 2 months, 4 visits (1-2 per month, PRN0 for the cervical and lumbar spine is not medically necessary.