

Case Number:	CM14-0020580		
Date Assigned:	04/30/2014	Date of Injury:	03/01/2004
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 67 year old male patient with chronic neck, low back pain and left shoulder pain, date of injury 03/01/2004. Previous treatments include chiropractic, medications, physical therapy, home exercises, injections, cervical discectomy and fusion C4-C7, left shoulder arthroplasty. There is no reports or treatment records pertaining to the chiropractic treatments requested available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: 27 SESSIONS OF CHIROPRACTIC TREATMENTS ON THE CERVICAL, LUMBAR SPINE: 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 Page(s): 58-59.

Decision rationale: There are no treatment records available for review for those chiropractic visits requested; therefore, how much, if any, functional improvement had been achieved with those treatments is not documented. The request for 27 chiropractic visits also exceeded CA MTUS guideline recommendation for chiropractic treatment. Therefore, it is not medically necessary.