

Case Number:	CM14-0034173		
Date Assigned:	06/20/2014	Date of Injury:	01/28/1999
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in Pediatric 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 injured worker is a 60 year old female with an original date of injury of 1/28/99. Diagnoses include cervical disc disease. The patient has ongoing physical therapy and chiropractic care, but there has been no long-term objective, functional improvement in the patient's condition. Her pain is made worse by standing or sitting in one position. The disputed issue is a request for 6 initial chiropractic treatments for the neck and upper back. An earlier medical review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the ACOEM guidelines and CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Initial Chiropractic treatments for the neck and upper back as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoenpracguides.org/> Cervical and Thoracic Spine: Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS chronic pain treatment guidelines therapy and manipulations page(s): 58-60. Decision based on Non-MTUS citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd edition, (2004) cervical and thoracic spine, table 2. Summary of recommendations.

Decision rationale: The patient has had ongoing physical therapy and chiropractic treatments for more than 15 years for this injury. There has been no long-term objective, functional improvement in the patient's condition over this period of time. Without improvement being noted, additional chiropractic care is not supported by ACOEM or CA MTUS. The request for 6 Chiropractic treatments for the neck and back is not medically necessary.