

Case Number:	CM14-0035456		
Date Assigned:	06/23/2014	Date of Injury:	12/23/2002
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Board Certified 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 59-year-old female patient with chronic neck pain and left upper extremities pain, with a date of injury of 12/23/2002. The previous treatments include chiropractic, physiotherapy, medications, transcutaneous electrical nerve stimulation (TENS) unit. The progress report dated 03/03/2014 by the treating doctor revealed patient with increased neck pain, left shoulder pain and numbness/tingling and loss of sleep due to working. Objective findings include sensory loss C5-7 L/R, positive left shoulder depression, positive foraminal compression left, neutral pain left rotation 64, right 65, positive cervical distraction, trigger points left trap and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) VISITS OF CHIROPRACTIC CARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The CA MTUS guidelines recommend one to two chiropractic visits every four to six months for recurrences/flares-up. Reviews of the available medical records show this

patient recently had six chiropractic visits, thus the request for 8 additional visits exceeded the MTUS guidelines recommendation. Therefore, the request is not medically necessary and appropriate.