

Case Number:	CM14-0039110		
Date Assigned:	06/27/2014	Date of Injury:	03/14/2013
Decision Date:	07/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/03/2014

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 56 years old female patient with chronic neck and low back pain, date of injury 03/14/2013. Previous treatments include medications, chiropractic and massage therapy. A progress report dated 03/06/2014 by the treating doctor revealed continues neck pain. She is treated with chiropractic once a week and it helps significantly; the chiropractic adjustments keep her functional, they improve her pain by 50% or more. Her neck pain is usually 4/10 range up to 9/10 on worst day. The patient also complaint of low back pain, 4/10 to 9/10. She does chronically have decreased sensation in both lower legs and feet. She is getting weekly chiropractic treatment and it also helped decrease her lower back pain by 50%. Cervical spine showed no tenderness on palpation, flexion and extension were normal. Cervical spine pain was not elicited by right-sided rotation but does get stiffness at 75 degrees and left side at 85 degrees. Lumbosacral spine exhibited no tenderness on palpation, no spasms of the paraspinal muscles. Lower back discomfort with bilateral SLR. Assessment include herniated cervical disc, cervical spine stenosis, peripheral neuropathy, low back pain, cervical disc degeneration, lumbar disc degeneration, bulging disc, peripheral neuropathy and cervicalgia. The patient was suggested to continue chiropractic treatment for her neck and lower back once a week for 12 weeks, continue Aleve as needed, consultation for possible lumbar epidural cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation once weekly for 12 weeks, neck, lower back QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A review of the available medical records showed this patient has been treated with chiropractic manipulation on a weekly basis since 08/26/2013 until 03/06/2014. She has had at least 14 chiropractic visits over the last three months. The request for additional 12 chiropractic visits on a weekly basis exceeded California MTUS guidelines recommendation and therefore, not medically necessary.