

Case Number:	CM14-0042532		
Date Assigned:	06/20/2014	Date of Injury:	02/20/2013
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 22 years old male patient with chronic neck pain. Previous treatments include medications, chiropractic and physical therapy. Progress report dated 2/24/2014 by the treating doctor revealed patient with ongoing neck pain and headaches. Objective findings include positive EMG for CTS, decreased sensation R>L, Trap/Rhomboid spasm, pain with extension and decreased ROM with pain. Diagnoses include cervical strain, head trauma and right CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Two Times A Week For Six Weeks Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 58-59.

Decision rationale: CA MTUS guidelines recommended a trial of 6 chiropractic treatments over 2 weeks with evidence of functional improvement. Unfortunately, there is no document of functional deficits with the available medical records and the request for 2x6 chiropractic treatment exceeded the guideline recommendation. Therefore, it is not medically necessary.