

Case Number:	CM14-0045184		
Date Assigned:	07/02/2014	Date of Injury:	07/22/2002
Decision Date:	08/01/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 Services, has a subspecialty in Pediatric Chiropractic Services 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 58 year old female with an original date of injury of 7/22/02. The mechanism of injury occurred when the patient was putting in a 100 lb. Roll of paper into a machine. The patient is diagnosed with cervical sprain with associated brachial neuritis and cervical disc syndrome. A cervical MRI on 8/31/11 revealed a 3mm right C5-6 disc protrusion. The patient has had 50 chiropractic treatments since 2008, with no documented long-term objective, functional improvement. The disputed issue is a request for 8 additional chiropractic treatments for the low back, with sessions 2 times a week for 4 weeks. 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 CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic pain, in general. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. The request for 8 chiropractic treatments is not medically necessary and appropriate.