

Case Number:	CM14-0045613		
Date Assigned:	07/02/2014	Date of Injury:	08/31/2011
Decision Date:	12/02/2014	UR Denial Date:	03/04/2014
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 48 year old female with chronic low back pain, date of injury is 08/31/2011. Previous treatments include medications, physical therapy, acupuncture, IF unit, and chiropractic. Progress report dated 02/21/2014 by the treating doctor revealed patient with complains of constant low back pain, 7-8/10, right shoulder pain, 3/10, and neck pain 3/10. There is no objective findings included. Diagnoses include cervical sp/st with right upper extremity radiculopathy, right shoulder sp/st, and lumbar sp/st with right lower extremity radiculopathy. The patient is on modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic sessions, 2 x week for 3 weeks, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant presents with chronic neck, right shoulder and lower back pain. The available medical records showed the patient has completed at least 6 chiropractic visits recently. Progress report dated 02/21/2014 noted some subjective improvement, however,

there is no objective functional improvement documented. Based on the guidelines cited, the request for additional 6 chiropractic treatments is not medically necessary.