

Case Number:	CM14-0050336		
Date Assigned:	06/25/2014	Date of Injury:	09/07/1999
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Chiropractic Sports, 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 45 year old female with a date of injury of 9/7/99; the mechanism of injury was not provided for review. Her injured body parts are the neck, upper back, low back, scapular, shoulder, left leg, and calf. The treatment received to date has been chiropractic manipulation, physical therapy, and stretching. The UR report states that there has been chiropractic care since July 2010, but no amount was given. There are no MRI and NCV/EMG studies for review. According to the medical records of 4/12/13, the patient had just completed 6 of 6 approved chiropractic treatments from a flare-up which brought her back to a permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manj 1-2 regions. 2 visits: Upheld

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

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

Decision rationale: According to the PR-2 report dated 4/12/13 by the chiropractor, the patient has completed 6 visits, which has returned her to a permanent and stationary status. It is not

clear as to why the patient needs more treatment if she has reached a permanent and stationary status from the first 6 treatments. There was no period of time requested to complete these visits as well. As such, the request is not medically necessary.