

Case Number:	CM14-0050767		
Date Assigned:	06/23/2014	Date of Injury:	03/26/2013
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 female patient with chronic headaches, neck pain, upper back pain, low back pain, bilateral wrists pain and right ankle pain, date of injury 03/26/2013. Previous treatments include chiropractic, medications, psychotherapy treatment. Chiropractic secondary treating physician progress report dated 02/04/2014 revealed patient was treated for cervical, thoracic and lumbar spine. VAS currently is 4/10 for C/S and 8/10 for L/S, previously 3-5/10. Patient could walk 20-30 steps, sitting limited to 30-60 mins, lifting limited to 15 lbs. Cervical ROM: flexion normal, extension 50/60, left and right lateral flexion 30/45, left rotation 60/80, and right rotation 70/80. Thoracolumbar ROM: flexion normal, extension 15/25, left and right lateral flexion 20/25. Positive Kemps on both sides. Patient had completed 18 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Chiropractic Sessions Two Times A Week For 3 Weeks Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment For Worker's Compensation Low Back Procedure Summary Neck and Upper Back Procedure.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the CHRONIC PAIN MEDICAL TREATMENT GUIDELINES CHRONIC PAIN PAGE 58-59.

Decision rationale: According to the available medical records, this patient has had 18 chiropractic sessions and her functional change had actually gotten worse. She was able to walk mile and lift 20-30 lbs after 12 visits. At her 18th treatments, she was only able to take 20-30 steps and lift 15 lbs. Based on the guidelines cited above, this patient has exceeded the total number of visits recommended with no functional improvement. Therefore, the request to continue chiropractic 2 times a week for 3 weeks is not medically necessary.

Continued Chiropractic Sessions Two Times A Week For 3 Weeks Thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment For Worker's Compensation Low Back Procedure Summary Neck and Upper Back Procedure.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Chronic Pain page 58-59.

Decision rationale: According to the available medical records, this patient has had 18 chiropractic sessions and her functional change had actually gotten worse. She was able to walk mile and lift 20-30 lbs after 12 visits. At her 18th treatments, she was only able to take 20-30 steps and lift 15 lbs. Based on the guidelines cited above, this patient has exceeded the total number of visits recommended with no functional improvement. Therefore, the request to continue chiropractic 2 times a week for 3 weeks is not medically necessary.

Continued Chiropractic Sessions Two Times A Week For 3 Weeks Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment For Worker's Compensation Low Back Procedure Summary Neck and Upper Back Procedure.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Chronic Pain page 58-59.

Decision rationale: According to the available medical records, this patient has had 18 chiropractic sessions and her functional change had actually gotten worse. She was able to walk mile and lift 20-30 lbs after 12 visits. At her 18th treatments, she was only able to take 20-30 steps and lift 15 lbs. Based on the guidelines cited above, this patient has exceeded the total number of visits recommended with no functional improvement. Therefore, the request to continue chiropractic 2 times a week for 3 weeks is not medically necessary.