

Case Number:	CM14-0053978		
Date Assigned:	07/11/2014	Date of Injury:	09/30/2011
Decision Date:	11/25/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 67 year old female with chronic neck pain, date of injury is 09/30/2011. Previous treatments include chiropractic, medications, physical therapy, occupational therapy, speech therapy, psychotherapy. Progress report dated 04/04/2014 by the treating doctor revealed patient with continued episode of care, complained of frequent sharp, aching, tightness and throbbing discomfort in the right trapezius, 7/10 on pain scale and increase with movement. Objective findings revealed areas of spasm on palpation, hypermobility and end point tenderness indicative of subluxation at left occiput, right C1, left C2, left C6, right T2, and left T4, hypertonicity in the right cervical, right cervical dorsal, right mid thoracic, left cervical dorsal and left cervical, significant decreased in ROM: flexion 40 degrees with tightness along the right upper cervical area, extension 40 degrees with increased in pain in the right cervical region, right lateral flexion 20 degrees with increased in pain, left lateral flexion 35, right rotation 70 and left rotation 75, positive Maximum cervical compression test, and positive shoulder compression test. Diagnoses include cervicalgia, cervical segmental dysfunction, and myalgia. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x Mo x 3 Mos Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The claimant presents with chronic neck pain for over 2 years. The available medical records showed she has had chiropractic treatments for over a year in 2013. However, there is previous treatment records available for review, there is no total number of visits documented and outcomes. The claimant last chiropractic treatment was in December 2013. According to MTUS guidelines, 1-2 visits every 4-6 month is recommended for flare up and maintenance care is not recommended. The current request for chiropractic treatments 2x a month for 3 months exceeded the guidelines recommendation for flare up and appear to be for maintenance. Therefore, it is not recommended.