

Case Number:	CM14-0057097		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2003
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 43 year old female with an original date of injury of 3/17/03. Diagnoses include lumbar disc with myelopathy, sciatica and cervical disc with myelopathy. The injured worker has undergone approved chiropractic treatments. However, there is no documented objective, functional improvement. The disputed issue is a request for 6 additional chiropractic treatments, with sessions 2 times a week for 3 weeks. An earlier Utilization Review made an adverse determination regarding this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 6 visits 2x per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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

Decision rationale: The injured worker is a 43 year old female with an original date of injury of 3/17/03. Diagnoses include lumbar disc with myelopathy, sciatica and cervical disc with myelopathy. The injured worker has undergone approved chiropractic treatments. However, there is no documented objective, functional improvement. The disputed issue is a request for 6

additional chiropractic treatments, with sessions 2 times a week for 3 weeks. An earlier Utilization Review made an adverse determination regarding this request.