

Case Number:	CM14-0064195		
Date Assigned:	07/11/2014	Date of Injury:	08/31/1988
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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, Washington, and New Mexico. 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 50-year-old individual with an original date of injury of 8/31/88. The mechanism of injury occurred when the patient was injured while working as a lifeguard and fell from the lifeguard tower. Initial diagnoses included neck and back strains. An Orthopedic QME was performed on 11/27/88 and found the patient permanent and stationary, with no additional chiropractic care or passive modalities necessary for future care. On 1/31/14, [REDACTED] reported that the patient awoke one month earlier and was unable to turn their head. The treatment plan was for three or four chiropractic treatments, but the patient actually was actually treated 7 times from 1/31/14 through 2/21/14. The disputed issue is a request for 3-4 chiropractic treatments. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 3-4 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS Guidelines does recommend chiropractic treatment, in general, for chronic pain, with a trial of six visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. The patient was determined to be permanent and stationary on 11/27/88, with no chiropractic future medical care required. The request for three or four chiropractic treatments is not medically necessary.