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| Case Number: | CM14-0067261 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 11/21/2011 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 a licensed Chiropractor and Acupuncturist and is licensed to practice in Texas. 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 who reported an injury on 11/21/2011. The injured worker complained of neck and lower back pain rated at 6/10 per pain scale. On physical examination dated 11/13/2013, the cervical paraspinal muscles are guarded. Diagnosis was cervical disc displacement. The injured worker's medications was Neurontin. The treatment plan is for chiropractic sessions 2 times a week for 4 weeks. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions twice a week for four weeks for the neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The California MTUS Guidelines state that an initial trial of 6 sessions of chiorpractic care and up to 18 visits when there is evidence of an objective functional improvement. In this case, there was no records of baseline values with regard to range of motion on clinical records provided. Additionally, the request as submitted does not identify the area of

the body for the propose therapy. As such the request for chiropractic sessions twice a week for four weeks for the neck and low back is not medically necessary and appropriate.