

Case Number:	CM14-0068643		
Date Assigned:	07/14/2014	Date of Injury:	04/20/2009
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pediatric 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 54-year-old individual with an original date of injury of April 20, 2009. The mechanism of this industrial injury was not specified in the case file. Diagnoses include reflex sympathetic dystrophy, brachial neuritis and neck sprain/strain. At this time, the patient is on modified work status. The patient has received acupuncture treatments. The patient has also been treated medically with anti-inflammatories and muscle relaxants. The injured worker has undergone approved chiropractic treatments. There is no documented objective, functional improvement. The disputed issue is a request for 6 additional chiropractic treatments for the cervical region. An earlier Medical Utilization 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:

Six sessions of additional chiropractic treatment to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation: Principles and Practice, 4th edition, DeLisa (ed), pg. 519.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of six visits over two weeks, and up to a total of eighteen visits over six to eight weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW (return to work) is achieved then one to two visits every four to six months. There is insufficient documented objective, functional improvement from the previous chiropractic treatment to support additional treatment. The request for Six sessions of additional chiropractic treatment to the cervical spine is not medically necessary or appropriate.