

Case Number:	CM14-0070709		
Date Assigned:	07/14/2014	Date of Injury:	11/13/2009
Decision Date:	08/12/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Pediatric 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 49-year-old individual with an original date of injury of 11/13/09. At this time, the patient is working full-time. The injured worker has undergone 16 approved chiropractic treatments. Treatment was approved for a recent flare-up on 4/10/14 and the report of 5/5/14 indicates resolution of the flare-up with those 4 treatments. It does not document the medical necessity for additional chiropractic treatment. The disputed issue is a request for 6 additional chiropractic treatments for the cervical, with sessions 2 times a week for 3 weeks. An earlier Medical Review made modification determination regarding this request. The rationale for this determination was that the request does not meet medical guidelines of the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2 times weekly for 3 weeks, cervical Quantity: 6.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106, 111, 115, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58 of 127.

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

Decision rationale: The California MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of six visit over 2 weeks, and up to 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The patient has had 4 recent chiropractic treatments for a flare-up. There is no evidence of the medical necessity for additional care for the same flare-up. The request for six additional chiropractic sessions for the cervical spine is not medically necessary.