

Case Number:	CM14-0074113		
Date Assigned:	07/16/2014	Date of Injury:	01/07/2013
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 61 year old individual with an original date of injury of 1/7/13. The mechanism of injury occurred when the patient fell off a ladder and struck his head. Diagnoses include a 1-2mm disc bulge in the cervical spine, spinal stenosis, nerve root compromise and C4-5 annular tear. The patient is on modified work status. The patient has received physical therapy, acupuncture, a home exercise program, medications and chiropractic treatments. There is no documentation as to the quantity of previous chiropractic treatments or the efficacy of that treatment. The disputed issue is a request for 12 additional chiropractic treatments for the cervical spine, with sessions 2 times a week for 6 weeks. 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, 2 times a week for 6 weeks (12), for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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 CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the patient has received prior Chiropractic treatment, but there is no documented objective, functional improvement. The request for 12 additional chiropractic treatments for the cervical spine is non-certified.