

Case Number:	CM14-0085606		
Date Assigned:	07/23/2014	Date of Injury:	03/27/2012
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male who reported an injury on 03/27/2012. The documentation of 05/07/2014 revealed the injured worker had chiropractic treatment previously which helped reduce pain and increase functional capacity and reduce the need for taking oral pain medications. The documentation indicated the injured worker's pain was symptomatic. The treatment plan included chiropractic treatment. There was no DWC Form RFA or PR-2 submitted with the original date of request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; 12 visits 3x a week for 4 weeks to the cervical spine and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. The time to produce effects is 4-6 treatment. There should be documentation of objective functional improvement and documentation of

objective pain relief with the recommended treatment. The clinical documentation submitted for review indicated the injured worker had prior chiropractic treatments which helped to reduce pain and increase functional capacity and reduce the need for taking oral pain medications. However, there was a lack of documentation indicating an objective reduction in pain and an objective increase in functional capacity. The request for 12 sessions would be exceed guideline recommendations. Given the above, the request for chiropractic treatment 12 visits 3 times a week for 4 weeks for the cervical spine and thoracic spine is not medically necessary and appropriate.