

Case Number:	CM13-0062035		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2004
Decision Date:	12/11/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas

Certification(s)/Specialty: Chiropractor

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 patient is a 55-year-old female who reported an injury on 07/21/2004. The mechanism of injury was not provided for review. The patient's most recent treatment history has included physical therapy, medications and acupuncture. The patient's most recent objective findings included positive Adson's test for radial radiculitis into the right hand and pain of the cervical spine with moderate trigger points bilaterally. The patient's diagnosis included cervical strain syndrome. The patient's treatment plan included a total of 18 visits of chiropractic care with motorized flexion and traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

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

Decision rationale: The requested 18 visits of chiropractic care are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a 6 visit clinical trial for patients who have not had previous therapy. Continued treatment should be based on documentation of objective functional gains. The clinical documentation submitted for review does provide any evidence that the patient has previously had chiropractic care. Therefore, an initial 6 visit trial would be appropriate for this patient. However, the 18 visits are well in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request 18 chiropractic visits are not medically necessary or appropriate.