

Case Number:	CM14-0173929		
Date Assigned:	10/27/2014	Date of Injury:	08/16/2011
Decision Date:	01/07/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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, 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 claimant is a 54-year-old female who was involved in a work injury on 8/16/2011. Injury was described as the claimant's chair broke causing the claimant to fall injuring her neck. The claimant received various treatment modalities including physical therapy, acupuncture and chiropractic treatment. The last chiropractic treatment was in 2011 and reportedly provided overall benefit. On 9/18/2014 the claimant was reevaluated by [REDACTED], pain management specialist for complaints of neck and back pain. The claimant was diagnosed with neck pain, radiculopathy and lumbar intervertebral disc degeneration. A request for 12 chiropractic treatments was submitted. The insurance company representative called the provider's office "to amend to 6 visits but no response back." The request was sent to peer review because it exceeded MTUS guidelines. The request was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. A modification of the request to 6 treatments as offered by the insurance company was appropriate. Unfortunately, the representative was unable to obtain AP contact in order to provide a modification. It appears that the claimant had a received a positive response to the previous course of chiropractic treatment but now notes increased neck and back pain. While a course of 5 chiropractic treatments may be appropriate, the requested 12 treatments exceed MTUS guidelines and are therefore, this request is not medically necessary.