

Case Number:	CM14-0191893		
Date Assigned:	11/25/2014	Date of Injury:	03/13/2002
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Chiropractic Sports Physician 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 69 year old male who was injured on 3/13/02 by an unknown mechanism of injury. The injury was apparently to the cervical spine with radicular symptoms. His diagnosis is Cervical Spondylosis and Brachial radiculitis. The patient has apparently received 113 visits since the original date of injury (approx. 9 visits/ year. Prior treatment has consisted of Chiropractic manipulation with adjunctive physical therapy. No MRI's are available for review. Also there are no Upper extremity EMG/NCV studies available for review. The doctor is requesting 12 Chiropractic visits to include exam, therapy and manipulation with no time frame period.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Visits to Include Exam, Therapy, and Manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: According to the MTUS Chronic Pain Medical Guidelines, manipulation is recommended for a Flare-up as an option of 6 trial visits over 2 weeks, with evidence of

objective functional improvement, total up to 18 visits over 6-8 weeks. 12 chiropractic treatments is not according to the above guidelines and is therefore not medically necessary. Doctor must show objective measurable gains in functional improvement as well for future flare-ups.