

Case Number:	CM14-0200394		
Date Assigned:	12/10/2014	Date of Injury:	03/07/2013
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 (DC), has a subspecialty in Acupuncture 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 patient is a 71-year-old year female with a date of injury of 3/7/2013. According to the progress report dated 11/6/2014, the patient complained of continued neck and lumbar spine pain. Significant objective findings include decrease range of motion in the cervical and lumbar spine. The patient was diagnosed with cervical spine sprain/strain, shoulder sprain/strain, lumbar spine sprain/strain, and knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2x6 Cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The California Chronic Pain Medical Treatment Guideline recommends manipulation for chronic pain. It recommends a trial of 6 visits over 2 weeks and with evidence of objective functional a total of up to 18 visits over 6-8 weeks are recommended. It was noted that the patient was authorized 8 chiropractic sessions on 2/25/2014. However, the number of sessions received and the outcome from those sessions were unknown. Therefore, based on the

submitted medical records, the current prescription for chiropractic care would most accurately be evaluated as an initial trial for which the guideline recommends 6 visits. The provider's request for 2 chiropractic sessions a week for 6 weeks exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not consistent with the guidelines and is not medically necessary at this time.