

Case Number:	CM14-0206675		
Date Assigned:	12/18/2014	Date of Injury:	12/23/2002
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Chiropractor (DC), 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 61 year old female who was injured on 12/23/02 while doing repetitive work at a poorly designed work space environment. This caused extreme left arm pain as well as neck and chest pain. Heart disease was ruled out. The patient was given treatment of medications and physical therapy initially. She was declared P&S around 8/6/03 with future medical care given and a disability rating. According to the documentation there was a recent flare-up on 9/4/13. The diagnoses were Cervical CADS injury, cervico-thoracic subluxations, and cervical myospasms. The exacerbation was caused by working several days of overtime. The records indicate that the patient has received 46 chiropractic sessions since the flare-up of 9/4/13 with no documentation that care provided has led to any functional improvement using objective medical findings. It is not clear how much time has been missed from work or the amount of modified duty work time has been needed. The doctor is requesting 12 Chiropractic sessions to the neck with no specific period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Chiro sessions to the neck: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain guidelines above, chiropractic manipulation is recommended on a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. 12 chiropractic visits exceeds the MTUS guidelines above, especially without objective measurable gains in functional improvement documented. Also the 46 chiropractic visits since the flare-up exceeds the MTUS guidelines as well and therefore the requested treatment is not medically necessary.