

Case Number:	CM14-0121624		
Date Assigned:	08/06/2014	Date of Injury:	04/22/2013
Decision Date:	10/20/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/01/2014

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 Board Certified in Chiropractic care 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:

According to the available medical records, this is a 51 year old female patient with chronic neck and back pain, date of injury is cumulative from 01/18/1989 to 04/22/2013. Previous treatments include medications, physical therapy, home exercise program, acupuncture, injections, and chiropractic. Progress report dated 05/19/2014 by the treating doctor revealed the patient present with constant cervical and lumbar spine pain with radiation. Examination notes tenderness at cervical spine and lumbar spine with spasm, positive SLR, positive Spurling and decreased ROM. Diagnoses include cervicgia and lumbago. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Treatments with massage for the cervical and lumbar spine, two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, massage therapy.

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

Decision rationale: Reviewed of the available medical records showed this patient continue to have ongoing low back pain and neck pain despite being treated with medications, physical

therapy, home exercise program and chiropractic. Previously she has had chiropractic treatments which provide only temporary relief. The current request is for 12 chiropractic treatment with massage to the cervical and lumbar spine, which exceeded the guideline recommendation. Therefore, it is not medically necessary.