

Case Number:	CM14-0137800		
Date Assigned:	10/13/2014	Date of Injury:	01/17/2013
Decision Date:	12/12/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 Doctor of Chiropractic, 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 reported to be 43 year old female who sustained an industrial injury on 1/17/13. The claimant was lifting dirty linen placing it in a cart. She developed pain radiating to her neck. An orthopedic evaluation by [REDACTED] followed on 6/23, 7/30/14 with a recommendation for Chiropractic evaluation/care. [REDACTED] and [REDACTED] recommended an initial trial of Chiropractic care of 18 sessions on 8/6/14. Utilization determination of 8/14/14 found that the progress reports of [REDACTED] that reported on the patient musculoskeletal pain was amendable to Chiropractic treatment per CAMTUS guidelines; a trial of 6 visits was recommended to be provided over 2 weeks. The request for Chiropractic care from [REDACTED] was addressed in a separate UR determination of 8/21/14; no medical documentation supporting 18 sessions of Chiropractic care was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro therapy 18 visits: Upheld

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

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

Decision rationale: The patient is reported to be a 43 year old female who sustained an industrial injury on 1/17/13. Medical records from [REDACTED] and [REDACTED] all supported an initial trial of care, 6 sessions of manipulation per referenced CAMTUS Chronic Treatment Guidelines for manual therapy. The recommendation for 18 sessions of manipulation exceeded CA MTUS Chronic Treatment Guidelines and was appropriately denied. The request is therefore not medically necessary.