

Case Number:	CM14-0142793		
Date Assigned:	09/10/2014	Date of Injury:	06/10/2013
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/03/2014

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 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 49-year-old female with a date of injury of 6/10/2013. According to the submitted documents, the patient complained of increased low back pain and neck pain. Significant objective findings include stiffness, numbness and tingling in the bilateral hands, decreased range of motion in the neck and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x wk x 4 wks cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58-60.

Decision rationale: The guideline recommends chiropractic manipulation for chronic pain. It recommends a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of functional improvement. Records indicated that the patient received 2 chiropractic sessions and was approved for 8. The guidelines state that with evidence of functional improvement a total of 18 visits are recommended. However, the patient has yet to complete his

8 authorized chiropractic sessions. There was no documentation of functional improvement from the two chiropractic sessions. The provider's request for 8 additional chiropractic sessions are not medically necessary at this time without the outcome of the 8 authorized visits. This request is not medically necessary.