

<b>Case Number:</b>	CM14-0157222		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational Medicine 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:

Patient is a 42 year-old male with date of injury 10/03/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/11/2014, list subjective complaints as headaches, neck and right shoulder pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with stiffness. No spasm was noted. Range of motion was decreased in all planes. Cervical distraction and compression were positive. Sensation to pinprick and light touch was decreased over the C5, C6, C7, C8, and T1 dermatomes. Motor strength was 4/5. Diagnosis: 1. Head contusion 2. Head concussion 3. Cervicalgia 4. Radiculopathy, cervical 5. Right shoulder derangement 6. Low back pain. Medications: 1. Pain Medications (no specific meds, dosages, frequency, or duration provided).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain medications ( no specific meds, dosages, frequency, or duration provided):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The nonspecific request for pain medications which contains no type of medication, dose, frequency, number of tablets, or duration, lacks the necessary documentation for consideration of review. This type of request is not supported by any guideline. "Pain medications" are not medically necessary.

**Chiropractic follow up evaluation:** 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 ACOEM Guidelines, 2nd Edition, 2004, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. There is no documentation of functional improvement from previous chiropractic treatment. Chiropractic follow-up is not medically necessary.