

Case Number:	CM14-0092619		
Date Assigned:	07/25/2014	Date of Injury:	08/29/2003
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 60 year old female with an injury date of 08/29/03. The 04/21/14 progress report by [REDACTED] states the patient presents with a flare up of episodic head, neck, mid back and lower back pain. She experiences on average 2 migraine headaches a month. The patient has head pain 12 of 90 days rated 8/10. She has returned to work with restrictions. The patient's diagnoses include: 1. Chronic neck pain 2. Cervical spondylosis without myelopathy 3. Episodic migraine without aura due to cervical condition 4. Chronic bilateral shoulder pain the utilization review being challenged is dated 05/21/14. Treatment reports from 02/25/13 to 04/21/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the Cervical Spine 2 times per week for 3 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

Decision rationale: The patient presents with a flare up episodic head, neck, mid back and lower back pain. She has head pain 12 of 90 days which includes migraine headaches 6 of 90 days and is rated 8/10. The treater requests for 6 (2x3weeks) chiropractic treatments to the cervical spine. ODG Chiropractic guidelines allow a trial of 7-10 visits over 2-3 weeks for grade II Cervical Strain. However, there is no diagnosis for this. The 04/21/14 report by [REDACTED] states that the patient received prior chiropractic treatments in the fall of 2013 and that they were effective. In this case, however, the treater does not provide a full record or prior chiropractic sessions so it is unknown how many treatments the patient received and what functional improvement has been obtained. The treater does not discuss objective goals. Therefore, the request of Chiropractic treatment to the Cervical Spine 2 times per week for 3 weeks is not medically necessary and appropriate.