

Case Number:	CM14-0210698		
Date Assigned:	12/24/2014	Date of Injury:	05/16/2013
Decision Date:	02/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 was reported to be a 53 year old female at the time of the request for Chiropractic care; her date of injury is 5/16/2013. [REDACTED] requested an initial course of Chiropractic care in his 10/31/14 PR-2 report. The patient's complaints focused on neck and lower back pain with radiation to the upper and lower extremities. She demonstrated spasms and tenderness with reduced range of motion; reduced sensation reported in the arms with weakness in the right hand. 12 visits of Chiropractic requested. On 12/5/14 a UR determination supported the request for Chiropractic care with a modified plan of care, 6 sessions per CAMTUS/ACOEM Practice Guidelines that support as an initial trial of care, 6 sessions; a modified course of care was recommended: 6 sessions of Chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 298-299.

Decision rationale: The patient was reported to be a 53 year old female at the time of the request for Chiropractic care; her date of injury is 5/16/2013. [REDACTED] requested an initial course of Chiropractic care in his 10/31/14 PR-2 report, 12 sessions of manipulation that exceeded CAMTUS Practice Guidelines that recommends 6 sessions with evidence of functional improvement prior to consideration of additional care if requested. The request is not medically necessary.