

Case Number:	CM14-0033230		
Date Assigned:	06/20/2014	Date of Injury:	04/24/2002
Decision Date:	01/02/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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. The expert reviewer is licensed in Chiropractic 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:

According to the available medical records, this is a 38 year old female with chronic pain in the neck, back and left upper extremity, date of injury is 04/24/2002. Previous treatments include chiropractic, medications, physiotherapy. Progress report dated 12/16/2013 by the treating doctor revealed patient with increased cervical and thoracic pain with ADL and work duties. Objective findings include decreased cervical and thoracic ROM, decreased upper extremity strength, 3/5 with abduction, flexion. The remaining objective findings are hand written with poor copy quality, and difficult to read. Diagnoses include cervical sp/st, thoracic sp/st, lumbosacral sp/st. There is no work status mentioned. Treatment plan include specific spinal adjustment, myofascial release, and physical therapy, 3 treatments as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic treatments times three (3) as needed.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

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

Decision rationale: The claimant presents with increased in chronic neck and thoracic spine pain on 12/16/2013. Progress report dated 11/22/2013 revealed similar subjective and objective findings, and the claimant has had chiropractic treatment with myofascial release and physical therapy. There was 2-4 treatments requested on 11/22/2013. Although there is no total number of chiropractic treatments documented, the current request for 3 chiropractic treatments exceeded the guidelines recommendations for 1-2 visits every 4 to 6 months for flares up. Therefore, it is not medically necessary.