

Independent Medical Review Final Determination Letter

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Dated: 12/31/2013

IMR Case Number:	CM13-0023444	Date of Injury:	05/30/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/26/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
ADDITIONAL CHIROPRACTIC TREATMENT OF THE NECK AND BACK (DENIED)			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

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 a Licensed Doctor of Chiropractic, has a subspecialty license 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 47 year old male who sustained a work injury on 5/30/12. The latest clinical records are notes submitted by [REDACTED] on 9/27/2013. The claimant complains of constant moderate dull achy, sharp neck pain that is aggravated by repetitive looking up and down. The claimant also complains of intermittent moderate dull achy right elbow pain associated with repetitive twisting and grabbing. The claimant also has loss of sleep due to pain and depression and anxiety. There is decreased and painful ranges of motion in both the neck and the elbow and extreme tenderness to palpation. His diagnoses include cervical radiculopathy, cervical sprain/strain, right elbow strain/strain, right medial epicondylitis, loss of sleep, sleep disturbance, anxiety, depression, hypertension, blurred vision, and headache. There are no objective measurements of MRI or EMG results. The claimant has had 4 prior chiropractic treatments, acupuncture, physical therapy, epidural decompression neuroplasty and cervical facet blocks, and oral medications. No documentation on prior chiropractic treatments or efficacy is found in the notes.

IMR DECISION(S) AND RATIONALE(S)

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

1. Additional chiropractic treatment of the neck and back 1-2 times per week for four weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, which is part of the MTUS, and ACOEM Guidelines, 2nd Edition, 2004, page 127, which is not part of the mtus.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Manual Therapy & Manipulation, page(s) pg.58-60, which is part of the MTUS.

The Expert Reviewer's decision rationale:

According to evidence based guidelines, further chiropractic visits after an initial trial are medically necessary based on demonstrated functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had four chiropractic visits with no documented functional improvement. Prior determinations reveal that the reviewers attempted to reach the treating provider for further clarification and that the treating provider never returned the call. **The request for additional chiropractic treatment of the neck and back 1-2 times per week for four weeks is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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