MAXIMUS Federal Services

Case Number:	CM14-0147291		
Date Assigned:	09/15/2014	Date of Injury:	12/07/2012
Decision Date:	10/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/10/2014

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 Chiropractic, has a subspecialty in Pediatric 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:

The injured worker is a 43 year old individual with an original date of injury of 12/7/12. The mechanism of this industrial injury was not specified. At this time, the patient is on regular work status. The patient has been treated medically with trigger point injections. The injured worker has undergone 12 approved chiropractic treatments. For cervical complaints, the Guidelines recommend a short trial of chiropractic treatment, not to exceed 6 visits over 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. There has been no documented objective, functional improvement noted. The disputed issue is a request for 6 additional chiropractic treatments for the neck. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic visits for neck QTY. 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Since the CA MTUS does not directly address cervical manipulation, the ODG is utilized. The Official Disability Guidelines recommends chiropractic treatment for cervical pain, but says it would not be advisable beyond 6 visits over 2-3 weeks if there is not clear objective, functional improvement. In this case, there is no documentation of objective, functional improvement. The injured worker has undergone 12 approved chiropractic treatments. There has been no documented objective, functional improvement noted. The request for 6 additional chiropractic treatments for the neck is not medically necessary.