

Case Number:	CM14-0075588		
Date Assigned:	07/16/2014	Date of Injury:	01/10/2011
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/24/2014

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 Chiropractics 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 claimant is a 40-year-old female who was involved in a work injury on 1/10/2011 in which she injured her neck and mid back. According to a 1/16/2014 qualified medical evaluation from [REDACTED] the injury was described as the claimant has worked for [REDACTED] for the past 5 years doing family practice. She had been noticing a problem with her neck and right arm for 1-1/2 years or so prior to reporting the symptoms to [REDACTED] employee health on 1/10/2011. The claimant was diagnosed with cervical spine strain with chronic pre-existing congenital fusion C6-7. The determination was that the claimant was permanent and stationary as of 12/3/2013. With respect to future medical care it was noted that ongoing treatment is probably necessary. She does get some help from chiropractic and I think chiropractic treatment once every 6 weeks or so would be reasonable. On 5/7/2014 [REDACTED], submitted a request for chiropractic treatment every 3 weeks indefinitely for the diagnoses of neck sprain/strain, chronic pain due to trauma, and thoracic sprain/strain. This was modified to certify 2 treatments. On 5/21/2014 the claimant was reevaluated by [REDACTED]. The report indicated that the claimant has returned to my office for an occupational related injury dated 1/10/2011. Currently, she states a flare-up of moderate (5 on 10 scale) dull achy neck and mid back pain. Prolonged sitting and driving are activities that increase her levels of neck and back pain. She states that she has been feeling an increase in neck pain the last few months from her work related activities. She was authorized 2 visits to help with her flare-up. On 6/30/2014 the claimant was reevaluated by [REDACTED]. This report indicated that the claimant has returned to my office for an occupational related injury dated 1/10/2011. Currently, she states that she is doing better with treatment but experienced a mild flare-up of moderate (5 on 10 scale) dull achy neck and mid back pain from her ADLs. Prolonged sitting and driving are activities that increase her levels of neck in mid

back pain. She states that she has been feeling better since her last visit on the 5/21/2014. Today is her second of 2 authorized visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care very three weeks indefinitely: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section, page 58 Page(s): 58.

Decision rationale: The medical necessity for the requested chiropractic treatment every 3 weeks indefinitely was not established. The MTUS chronic pain treatment guidelines give the following recommendations: "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary." Requesting treatment every 3 weeks indefinitely suggest more maintenance or elective type care and as such is not supported by MTUS guidelines. Any ongoing treatment needs to be addressed on an as needed basis. Therefore, the requested treatment every 3 weeks for an indefinite period of time is non-certified.