

Case Number:	CM14-0003742		
Date Assigned:	02/12/2014	Date of Injury:	10/06/2013
Decision Date:	04/15/2015	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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. 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

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 36 year old female, who sustained an industrial injury on 10/6/13. The injured worker has complaints of neck pain, right shoulder and right upper extremity pain. The documentation noted on 12/6/13 that chiropractic treatment had been very helpful and that the relief was lasting about a week. Computed Tomography (CT) scan done with 3-D images which showed some break-off of the lateral lines on an oblique view of 3-D reconstruction between C3 and C4; on a posterior view there was a subluxation of the facet joint in that area on the C3-C4. According to the utilization review performed on 12/31/13, the requested 12 sessions of chiropractic treatment for the cervical spine has been non-certified. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (12-sessions for the cervical spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant was evaluated by an orthopedist, on 10/18/2013 for neck pain. The recommendation was for a CT scan. When the claimant returned on 12/6/2013 the report indicated that "chiropractic treatment has been very helpful and I think they have been able to push things back, but it keeps going out; however, the relief is lasting about a week". This clearly suggests that the claimant has undergone a course of chiropractic treatment prior to this request. The amount of treatment rendered this claimant was not available for review. In order to appropriately apply medical treatment utilization schedule guidelines a review of the past history is essential. The previous denial was based partially on the fact that "there is no documentation of the number of completed chiropractic sessions to date, as well as specific improvement of symptoms or functional status due to chiropractic therapy". There was no documentation indicating the amount of treatment rendered this claimant, the time frame over which it was provided, and the response to that treatment. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: '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.' Therefore, given the absence of documented functional improvement as a result of the previous course of treatment, and the number of treatments rendered, the medical necessity for the requested 12 additional treatments was not established.