

Case Number:	CM14-0149354		
Date Assigned:	09/18/2014	Date of Injury:	04/12/2013
Decision Date:	04/23/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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, Oriental Medicine

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 46 year old female who sustained an industrial injury on 04/12/13. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, and pain management consultation. Diagnostic studies include a MRI and nerve conduction study. Current complaints include neck pain and stiffness. In a progress note dated 08/06/14 the treating provider reports the plan of care as continue acupuncture; follow up with pain management and neurosurgeon. Also he states that Chiropractic therapy and traction not recommended by the neurosurgeon. The requested treatment is Chiropractic treatment. The UR determination of 8/19/14 denied the request for 18 Chiropractic visits citing CAMTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, cervical spine 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 8/19/14 was an appropriate decision made after review of the available records and CAMTUS Chronic Treatment Guidelines. The requested care exceed CAMTUS Chronic Treatment Guidelines in that the provider requested 18 sessions of Chiropractic care; referenced guidelines support 6 visits as an initial trial of care followed by evidence of functional improvement prior to consideration of additional care. The medical necessity for Chiropractic care was provided in the records reviewed and were supported by CAMTUS Chronic Treatment Guidelines that support 6 visits of Chiropractic care as an initial trial versus the 18 requested. The requested treatment is not medically necessary.