

Case Number:	CM14-0190461		
Date Assigned:	11/21/2014	Date of Injury:	03/10/2009
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 Chiropractor and is licensed to practice in New York. 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 50-year-old female who reported an injury of unspecified mechanism on 03/10/2009. The submitted documents are handwritten and of poor reproductive quality, making them difficult to read. On 09/15/2014, her diagnoses included cervical spine strain and right shoulder impingement. On 10/13/2014, it was noted that this injured worker had pain and weakness with muscle tightness to the right side of her upper back. It was noted that chiropractic treatment in the past had helped. The treatment plan included a request for chiropractic therapy 12 visits to the cervical spine. A Request for Authorization dated 10/14/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic sessions, twice a week for six weeks for the cervical region: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for 12 Chiropractic sessions, twice a week for six weeks for the cervical region is not medically necessary. The California MTUS Guidelines recommend

chiropractic treatment for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The treatment parameters from the state guidelines note that the time to produce effect is 4 to 6 treatments and a frequency of 1 to 2 times per week the first 2 weeks, (as indicated by the severity of the condition), and may continue at 1 treatment per week for the next 6 weeks. The requested number of visits exceed the guideline recommendations. Additionally, this worker has had an unknown number of previous chiropractic visits. Therefore, this request for 12 Chiropractic sessions, twice a week for six weeks for the cervical region is not medically necessary.