

Case Number:	CM14-0193152		
Date Assigned:	12/01/2014	Date of Injury:	07/10/2014
Decision Date:	02/24/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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: Ohio

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:

Claimant is a 28 year old female who sustained a work related injury on 7/10/13. The mechanism of injury is not provided. She was initially examined at an occupational medicine clinic where x-rays were performed and was put on work restrictions. Her position was terminated the same day and she has not worked nor received medical care for her injuries since 7/10/13 according the first report dated 10/13/14 from the treating chiropractor. The initial treatment request of 12 chiropractic visits with additional physical therapy modalities was modified by UR to 4 citing the need for an adequate trial and the need for documentation of objective functional medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments (Comprehensive exam, Manual therapy - manual traction, Massage, ultrasound, SMT, EMS, Diathermy, and Traction) quantity:12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-181, Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical

Decision rationale: The request for 12 visits exceeds ODG guidelines recommendation of a trial of 6 visits over 2-3 weeks and therefore is not medically necessary. For massage therapy MTUS recommend that this form of treatment should be limited to 4-6 visits and should be an adjunct to other treatment. The request for 12 visits exceeds MTUS guidelines and therefore is not medically necessary. Therapeutic ultrasound is not recommended by MTUS and therefore is not medically necessary. In regard to the request for Diathermy, MTUS is silent but the modality is addressed in ODG. ODG states, not recommended. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. Therefore the request or diathermy is not medically necessary. EMS is also addressed by ODG. ODG states, not recommended. There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone in general. Based on ODG the treatment request for EMS is not medically necessary. MTUS notes that traction is not recommended and therefore the request for traction is not medically necessary. Based on MTUS, ODG, and treatment request exceeding treatment guidelines, the request for Chiropractic Treatments (Comprehensive exam, Manual therapy - manual traction, Massage, ultrasound, SMT, EMS, Diathermy, and Traction) quantity: 12 is not medically necessary.