

Case Number:	CM14-0197941		
Date Assigned:	12/08/2014	Date of Injury:	06/22/2014
Decision Date:	01/26/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 Board Certified in Chiropractor (DC), 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 injured worker is a 27 year old female who reported neck pain from injury sustained on 06/22/14 when she was kicked in the face by client. X-rays of the cervical spine revealed straightening of cervical lordosis with restricted range of motion on flexion and extension which may reflect an element of myospasm. MRI of the cervical spine was unremarkable. Patient is diagnosed with headaches, cervical radiculopathy, cervical sprain/strain, anxiety and depression. Patient has been treated with medication and physical therapy. Per medical notes dated 10/16/14, patient complains of intermittent moderate headaches. Patient complains of intermittent moderate sharp neck pain and stiffness with numbness and tingling. Patient suffers from depression and anxiety. Examination revealed tenderness to palpation of bilateral upper trapezi and cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Shoulder depression causes pain bilaterally, decreased range of motion of cervical spine by 20% in all planes of motion. Provider requested initial trial of 8 chiropractic treatment for neck pain which were modified to 6 by the utilization review on 10/17/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Manipulative Therapy Sessions for The Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic treatment for neck pain which were modified to 6 by the utilization review on 10/17/14. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.