

Case Number:	CM14-0198874		
Date Assigned:	12/09/2014	Date of Injury:	10/15/2008
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 a licensed Doctor of Chiropractor (DC), has a subspecialty in Acupuncture 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 t

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 a work related injury October 15, 2008. According to a primary treating physician's progress report, dated October 22, 2014, the injured worker continues to complain of pain in her neck with radiation down the bilateral upper extremities. There is stiffness and limited range of motion of the cervical spine. The injured worker asked for a refill of Parafon Forte. There are no objective findings documented. The diagnosis is documented as left C5-6 radiculopathy per EMG (no report present in case file). The treatment plan included physical therapy and a request for authorization for chiropractic rehab 2 x 4 c-spine. Work status is permanent and stationary to 12/16/2014. Prior treatment includes physical therapy, chiropractic, cervical epidural steroid injections, stellate ganglion block, acupuncture, and medications. According to utilization review performed October 23, 2014, and citing MTUS manual therapy and manipulation, the time to produce effect is 4-6 treatments 1-2 times a week for 2 weeks with measurable gains in functional improvement that facilitate progression to a therapeutic exercise program and return to productive activities. After discussion with the primary care physician, treatment was modified to 3 visits of chiropractic treatments with transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have chiropractic in the past. Three visits of chiropractic with a transition to a home exercise program were authorized in October 2014 as a negotiated agreement between the provider and the reviewer. No documentation after the authorized visits has been received to indicate why further chiropractic would be needed. Therefore the request for chiropractic visits x 5 is not medically necessary.