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| Case Number: | CM14-0199073 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/04/2014 |
| 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 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:

Claimant is a 36 year old female who sustained a work related injury on 5/10/2013. Per a Pr-2 dated 10/9/2014, the claimant states that she has mild achy neck pain. Pain is worse in the am. She is getting relief from medication, creams, and physiotherapy. Chiropractic has been helping the most, severity and duration decreased since starting chiropractic treatment. The claimant also had activity dependent right wrist pain. There is relief from medication and physiotherapy. Her diagnoses is cervical disc protrusion, cervical sprain/strain, and right carpal tunnel syndrome. Prior treatment has included medication, acupuncture, physical therapy, and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits for the Cervical Spine and Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 how many chiropractic treatments the claimant has had, but the claimant did already have a trial of treatments with no objective functional improvement. The provider has only reported that duration and severity have decreased. Therefore further chiropractic visits are not medically necessary.