

Case Number:	CM14-0202420		
Date Assigned:	12/15/2014	Date of Injury:	05/13/2014
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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: California
 Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year old female who suffered a work related injury on 05/13/2014. She has diagnoses of post-concussive syndrome, cervical strain, with cervical disk degenerative disease. Treatment has included medications, home exercise program, 11 prior acupuncture treatments and 11 prior chiropractic sessions. She continues to complain of headaches, and neck pain. In a physician progress note dated 11/18/2014, it is documented chiropractic sessions helped a lot with the headaches and pain. On examination her paraspinal muscles are diffusely tender with well-preserved muscle bulk, joint contours, coordination, strength, and sensation. Range of motion is in full range, deep tendon reflexes are 2+. Strength is 5/5 in both upper extremities. Treatment request is for chiropractic times 6 visit-neck. Utilization Review non-certified the request for chiropractic times 6 visits to the neck citing California Medical Treatment Utilization Schedule, ACOEM Chapter 8, neck and Upper Back Complaints states physical manipulation for neck pain early in care only, and there is insufficient evidence to support manipulation of patient with cervical radiculopathy. ODG Chiropractic Guidelines- Regional Neck Pain: 9 visits over 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 6 visits - neck: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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

Decision rationale: The claimant presented with neck pain and headaches. Previous treatments include medications, physical therapy, chiropractic, acupuncture, and home exercises. She has had 11 chiropractic sessions which helped improved her pain intensity and frequency, current progress report revealed she has full range of cervical ROM, and the claimant is back to work on modified work duties. Based on the evidences based guidelines cited above, with evidences of functional improvements, the request for additional 6 chiropractic treatments is medically necessary.