

Case Number:	CM14-0028835		
Date Assigned:	06/16/2014	Date of Injury:	09/12/2011
Decision Date:	01/16/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Medical Acupuncturist, and is licensed to practice in Ohio. 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 46 year old female who was injured on 9/12/11. An exam on 8/6/13, by the treating chiropractor, notes that the claimant's chief complaints were a stiff neck, muscle pain on both sides of the neck, tension muscle pains to both shoulders, arms, and hands, neck tightness at the base of the occiput and muscle tension between the shoulder blades. Exam findings on this date were taut bands of paracervical and paraspinal muscle tissues. Slight restriction in left and right, 30/45 lateral flexion, with pain. Neck pain was reproduced with shoulder and cervical depression on the right side. The primary diagnosis is cervicgia. Based on the file presented the patient has undergone 12 chiropractic visits with no evidence of functional improvement. No range of motion findings, orthopedic, neurological testing, or functional improvement, is evidenced through the course of authorized care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic x 13 to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Acute and Chronic, Manipulation.

Decision rationale: ODG regional neck pain recommends 9 visits over 8 weeks. The injured worker has undergone 12 chiropractic treatments with no objection functional improvement or symptomatic improvement, based on the documentation. In light of ODG recommendations and the lack of functional improvement the request for an additional 12 visits would be deemed not medically necessary.