

Case Number:	CM14-0046354		
Date Assigned:	07/02/2014	Date of Injury:	09/26/2012
Decision Date:	05/01/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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, Oriental Medicine

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 (IW) is a 48-year-old female who sustained an industrial injury on 09/26/2012. Diagnoses include cervical C4-5 disc protrusion, cervical C5 left-sided radiculitis and cervical myofascial spasms. Treatment to date has included medications, acupuncture and chiropractic care. Diagnostics performed to date included x-rays and MRIs. According to the progress notes dated 3/26/14, the Injured Worker reported left neck stiffness with occasional numbness and weakness down the left arm toward the hand; the radicular symptoms had become less frequent and intense. On examination, myofascial spasms were present in the base of the cervical region on the left. A request was made for 12 additional sessions of outpatient Chiropractic therapy for the cervical spine, one to two times a week for six weeks due to improvement of radicular symptoms with this treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Chiropractic Therapy for Cervical Spine, 1-2 times a week for 6 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 2: Summary of Recommendations, Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of April 9, 2014 for further Chiropractic care, 1-2 visits for 6 weeks cited ACOEM Guidelines as the foundation for denial. The patient was under active Chiropractic care prior to the 4/1/14 request for additional care. The provider acknowledged concurrent application of Acupuncture for management of the same spinal injuries leading to concurrent application of Chiropractic care and Acupuncture. The medical records reviewed did not support the medical necessity for concurrent application of Chiropractic care, 1-2 visits over 6 weeks with Acupuncture or comply with referenced CAMTUS Chronic Treatment Guidelines/ACOEM Guidelines. Therefore the requested treatment is not medically necessary.