

Case Number:	CM15-0006512		
Date Assigned:	01/21/2015	Date of Injury:	03/20/1997
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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: Virginia

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:

The injured worker is an 82-year-old female who reported an injury on 03/20/1997. The mechanism of injury was unspecified. Her relevant diagnoses included cervicalgia and bilateral wrist pain. Her past treatments included chiropractic sessions. On 01/06/2015, the injured worker complained of neck pain and bilateral wrist pain. Physical examination findings were not provided for review. Relevant medications were not provided for review. The treatment plan included chiropractic therapy 1 times 5 to the cervical spine. A rationale was not provided for review. The Request for Authorization Form was submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 1 x 5 to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for chiropractic therapy 1 x 5 to the cervical spine is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation is indicated for chronic pain caused by musculoskeletal conditions. The intended goal or effect is for the treatment of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program or return to productive activities. The guidelines also indicate that the time to produce effects would be 4 to 6 treatments. There should be documentation of objective functional improvement with symptomatic and measurable gains. The injured worker was indicated to have had 5 chiropractic sessions in 2014. However, there was a lack of documentation to indicate the injured worker had benefits or her obtained goals in regards to positive symptomatic or objective measurable gains and functional improvement that would facilitate the injured worker's progress towards therapeutic exercise and return to productive activities. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.