

Case Number:	CM15-0100367		
Date Assigned:	06/02/2015	Date of Injury:	03/13/2013
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 is a 51-year-old female, with a reported date of injury of 03/13/2013. The diagnoses include cervical disc herniation at C5-6, with left probable C6 radiculopathy, cervical spinal stenosis, and cervical disc displacement without myelopathy. Treatments to date have included electrodiagnostic studies on 09/12/2014, oral medications, chiropractic therapy, and physical therapy. The visit note dated 04/20/2015 indicates that there were no acute changes with the injured worker's pain at the time of the visit. She had a recent QME evaluation and it was recommended that she continue with chiropractic therapy. The injured worker stated that the chiropractic therapy was significantly helpful in reducing her pain and relaxing her. She had completed 4 out of 6 sessions and reported improvement of function, especially with activities of daily living. The injured worker also reported improvement in sleep since receiving chiropractic treatment. The objective findings include increased muscle tone of the trapezius muscle and palpable tenderness of the cervical spine. There was documentation that the injured worker had already received twenty-four sessions of chiropractic therapy, and the treating provider did not want the injured worker's condition to worsen before requesting more sessions. It was noted that the treating provider would like to be efficient and use the time that the injured worker had off to fully rehabilitate the injured worker so that she could trail a return to work at her new job at full duty. The treating physician requested twelve (12) additional chiropractic therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy, Cervical Spine, 12 sessions: 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 Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments. Provider requested additional 12 chiropractic sessions for cervical spine which were modified to 4 by the utilization review. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. No additional Chiropractic care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.