

Case Number:	CM15-0130775		
Date Assigned:	07/17/2015	Date of Injury:	08/14/2014
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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, Minnesota
 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 a 58-year-old male, who sustained an industrial injury on August 14, 2014. He reported felt a boom and then was numb (back of his head and back). Treatment to date has included medication, chiropractic care, CT scan, MRI and physical therapy. Currently, the injured worker complains of cervical spine pain described as mild and headache and dizziness. The injured worker is diagnosed with post concussive syndrome, cervicgia, lumbago, insomnia, anxiety, headache, and dizziness. His work status is temporary total disability. A note dated February 4, 2015 states the injured worker experienced pain relief from physical therapy. Chiropractic documentation dated March 10, 2015 to June 11, 2015 demonstrates a decrease in pain and an increase in range of motion with treatments. A note dated May 14, 2015 states there is a decrease in pain and increase in range of motion. There is also an increase in cervical muscle stiffness and a decrease in dizziness and migraine headaches. A note dated May 27, 2015 states therapy is helping decrease the injured worker's pain. Due to the efficacy achieved with previous treatment, additional Chiropractic treatments (2 times a week for 6 weeks) for the cervical spine are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2 times a week for 6 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested additional chiropractic treatment 2 times per week for 6 weeks (12 visits) to the cervical spine without objective functional improvement from previous treatment. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary.