

Case Number:	CM15-0132786		
Date Assigned:	07/20/2015	Date of Injury:	02/10/2010
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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

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 36 year old female, who sustained an industrial injury on 2/10/2010. Diagnoses have included cervical spine disc bulge, cervical spine radiculopathy and left shoulder strain. Treatment to date has included chiropractic treatment. According to the progress report dated 6/1/2015, the injured worker complained of pain over the cervical spine and the left shoulder. She had difficulty sleeping. She rated the pain as eight out of ten. The pain traveled to the scapular area. Authorization was requested for additional chiropractic treatment 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 times 12 sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2

weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments for the cervical spine was not established. The requested 12 treatments exceed medical treatment utilization schedule guidelines. Upon peer review, the request was modified to certify 6 treatments consistent with MTUS guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The recommended 6 treatments were consistent with this guideline. The provider failed to report any clinical findings that would suggest the claimant is an outlier to the medical treatment utilization schedule guidelines. The requested 12 treatments are not medically necessary.