

Case Number:	CM15-0134490		
Date Assigned:	07/22/2015	Date of Injury:	07/25/1998
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/13/2015

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:

This injured worker is a 61 year old female who reported an industrial injury on 7/25/1998. Her diagnoses, and or impression, were noted to include: complex subluxation of the cervical spine; and brachial neuritis. Recent magnetic imaging studies of the cervical spine were noted on 12/22/2014. Her treatments were noted to include manual traction; trigger point injections; chiropractic treatments; and medication management. The progress notes of 5/13/2015 reported pain and restriction in the neck, with pain in the left arm and shoulder. Objective findings were noted to include: positive foramina compression, extension compression and shoulder depression tests; inter-segmental vertebral dysfunction and positional dis-relationship; palpable myospasm and tenderness; restricted aberrant inter-vertebral range of motion in the cervical spine; and that her care varied relative to what it took to bring her pain back to base-line condition, likely trying chiropractic treatments, spinal adjustments, myofascial trigger point therapy, and/or manual traction. The Application was noted to include recommendations for 2 manual traction/ myofascial trigger point therapy, and the Utilization Review was noted for the recommendation of spinal adjustments for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 spinal adjustment 1-2 times a week for 6 weeks for submitted diagnosis of subluxation complex 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/5/15 certified Chiropractic care, 2 manipulations over 2 weeks in management of the patients cervical spine condition citing peer contact/agreement with the determination and compliance with CA MTUS Chronic Treatment Guidelines. The peer contact with the requesting Chiropractor supported the request for 1-2 treatments over 1-2 weeks which appears to be a modification of the request of 1-2 visits per week for 6 weeks. The reviewed medical records failed to support the medical necessity for 2 manipulations 1-2 visits for 6 weeks or comply with referenced CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.