MAXIMUS Federal Services

Case Number:	CM15-0134701		
Date Assigned:	07/23/2015	Date of Injury:	08/11/2014
Decision Date:	08/26/2015	UR Denial Date:	07/07/2015
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

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 52 year old female, who sustained an industrial injury on 8/11/14. The injured worker has complaints of neck and upper back pain radiating into the left upper arm and shoulder. The documentation noted that the lateral epicondyles are tender, positive finkelsteins and swelling of bilateral forearms. The diagnoses have included cervical and thoracic strain/ sprain; cervicobrachial syndrome and lateral epicondylitis, De- Quervains, left, bilateral forearm strain. Treatment to date has included X-rays on 5/11/15 showed reversal of cervical lordosis with 3 millimeter anterolisthesis of C2-C3, cervical flexion shows 4 millimeter anterolisthesis at C4-C5 with 0 millimeter translation in extension and neutral and chiropractic treatment. The request was for 6 additional chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional chiro sessions: Upheld

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

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

Decision rationale: The claimant presented with chronic neck and back pain. Review of the available medical records showed she has had 6 chiropractic visits, however, there is no evidence of objective functional improvements. Subjective complains and objective findings before and after chiropractic treatments remained unchanged. Based on the guidelines cited, the request for 6 additional chiropractic sessions is not medically necessary.