

Case Number:	CM15-0135753		
Date Assigned:	07/23/2015	Date of Injury:	12/31/2013
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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 32-year-old woman sustained an industrial injury on 12/31/2013. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain, lumbosacral sprain/strain, bilateral lower extremity radiculitis, right shoulder impingement, right carpal tunnel syndrome, right hip trochanteric bursitis, and right medial epicondylitis. Treatment has included oral and topical medications. Physician notes dated 6/24/2015 show complaints of cervical spine pain rated 7/10. Recommendations include chiropractic care, physical therapy, cervical spine epidural steroid injection, continue home exercise program and stretches, and continue current medications regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro w/physiotherapy 2 x 6 for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. Regarding manipulation for the cervical spine, the Official Disability Guidelines recommend a trial of 6 visits over 2-3 weeks for moderate cervical strain. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks is recommended. Based on the submitted progress report, there was no evidence of prior chiropractic care. Therefore, a trial appears to be appropriate at this time. However, the provider's request for 12 chiropractic sessions exceeds the guidelines for initial trial; therefore, the request is not consistent with the evidence-based guidelines. Physiotherapy is not indicated at this time. According to the report dated 6/15/15, the provider noted that the patient failed physiotherapy of the cervical spine. The provider's request is not medically necessary at this time.