

Case Number:	CM15-0140586		
Date Assigned:	07/30/2015	Date of Injury:	01/02/2014
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 1-2-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical herniated nucleus pulposus and thoracic sprain-strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture, epidural steroid injection, medical branch block, cervical posterior foraminotomy and medication management. In a progress note dated 5-21-2015, the injured worker complains of neck pain rated 0-4 out of 10, low back pain rated 8-10 out of 10, right knee pain rated 4 out of 10, left hand and left shoulder pain, right shoulder numbness and headaches. Physical examination showed cervical tenderness and decreased range of motion. The treating physician is requesting 12 sessions of chiropractic care for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: Patient has had prior chiropractic treatments and reported 30% relief with treatment; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2x6 chiropractic sessions for cervical spine, which were non-certified by utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x6 Chiropractic visits are not medically necessary.