

Case Number:	CM15-0144123		
Date Assigned:	08/05/2015	Date of Injury:	10/17/2007
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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 55-year-old male who sustained a work related injury October 17, 2007. According to a treating physician's encounter, dated June 9, 2015, the injured worker presented for medical re-evaluation of his neck and bilateral shoulder pain secondary to industrial cumulative trauma. He is undergoing chiropractic treatment, paying out of pocket, which has been helpful in reducing his pain. He has also received physical therapy, acupuncture, and H-wave treatment. An MRI of the cervical spine performed April 12, 2013, showed a cervical disc protrusion at C6-C7. An EMG (electromyography) performed April 29, 2013, was within normal limits. Assessment is documented as fibromyositis; cervicgia; chronic pain syndrome. Treatment plan included instructions to increase walking distances and stretch afterwards, perform home exercise daily, educated regarding sleep hygiene, additional acupuncture treatments, and at issue, a request for authorization for nine chiropractic visits 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, 9 visits for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines.

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; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/24/15 denied the treatment request for an additional 9 Chiropractic treatments to the patient's cervical spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect a prior course of Chiropractic care to the patient's cervical spine that was being paid out-of-pocket a report that prior care was helpful but no translation of helpful into clinical evidence of functional improvement. The CAMTUS Chronic Treatment Guidelines require of the requesting provider clinical evidence of functional improvement following an initial trial of care, 6 sessions. The request for an additional course of treatment, 9 sessions to the cervical spine is not medically necessary or prefaced with evidence that prior care resulted in objective improvement as required by CAMTUS Chronic Treatment Guidelines.