

Case Number:	CM15-0147295		
Date Assigned:	08/10/2015	Date of Injury:	10/25/2011
Decision Date:	09/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/30/2015

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 52-year-old female who sustained an industrial injury on October 25, 2011 resulting in headaches with neck and upper back pain. She was diagnosed with cervical pain with upper extremity symptoms. Documented treatment has included heat, physical therapy, acupuncture with report of some pain reduction, chiropractic treatments, home exercise, and medication. The injured worker reports that medication enables her to perform activities of daily living. She continues to present with neck and upper back pain. The treating physician's plan of care includes 12 chiropractic sessions for the cervical spine. Her work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 x 4 for the cervical spine: Upheld

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

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; pages 58/59: manual therapy and manipulation.

Decision rationale: The utilization review document of 6/24/15 denied the treatment request for 12 additional chiropractic visits to manage the patient cervical spine region citing CAMTUS treatment guidelines. The patient presented with right shoulder pain with headaches. The treatment plan was to include additional acupuncture, neurology consultation and a request for reconsideration of approval for topical anti-epileptic drug. The medical necessity for continuation of chiropractic care, 12 sessions was not supported by clinical evidence of functional improvement as required by CAMTUS treatment guidelines or the reviewed medical records.