

Case Number:	CM15-0149115		
Date Assigned:	08/12/2015	Date of Injury:	01/06/1994
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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 56 year old female, who sustained an industrial injury on January 6, 1994. She reported a gradual increase in numbness and tingling in both hands and wrists with focus on the thumbs. Treatment to date has included medication, TENS unit, MRI, physical therapy, surgery, heat and ice therapy, rest, wrist splints and x-rays. Currently, the injured worker complains of right shoulder and neck pain rated at 3 on 10. Her neck pain is described as throbbing and burning. She reports the pain radiates to both of her shoulders and then down her arms resulting in numbness and tingling in her hands bilaterally. The injured worker is currently diagnosed with neck sprain-strain. A note dated April 15, 2015, states the injured worker experiences pain relief from heat and ice therapy and lying down. A progress note dated June 19, 2015 states the injured worker is experiencing some pain relief from Aleve and a TENS unit. Chiropractic therapy, for the cervical spine (two times a week for three weeks-6 sessions), is requested to decrease pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, Cervical Spine, 2 times wkly for 3 wks, 6 sessions, outpatient:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant presented with chronic neck pain, physical examinations note tenderness and decreased ROM. Previous treatments include medications, TENS unit, physical therapy. Reviewed of the available medical records showed no history of chiropractic treatment. Therefore, the current request for a trial of 6 chiropractic sessions is medically necessary based on MTUS guidelines recommendations.