

Case Number:	CM15-0160816		
Date Assigned:	08/27/2015	Date of Injury:	11/29/2000
Decision Date:	10/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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 61 year old female who sustained an industrial injury on 11-29-00. Her initial complaints and the nature of the injury are unavailable for review. The latest PR-2, dated 7-9-15, indicates that the injured worker has diagnoses of late effect cervical spine sprain and strain, as well as osteoarthritis. Her complaints are "worsening" neck pain that she experienced while performing her job duties. She rates the pain "7 out of 10". She was noted to have decreased range of motion, tenderness on palpation, and muscle spasms. The treatment plan was to continue chiropractic therapy to relieve pain, decrease inflammation, decrease muscle spasms, and improve activities of daily living. She was also encouraged to continue a home exercise program and use ice to the neck twice daily, as well as taken non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (SMT, mechanical traction, muscle stimulation, therapeutic traction) for cervical 1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation/Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Traction (mechanical).

Decision rationale: The claimant complains of "worsening" of her neck pain. Reviewed of the available medical records showed previous chiropractic treatment in Feb. 2015 and May 2015. Although ODG do not recommend mechanical traction for the neck, the request for 3 visits also exceeded the guidelines recommendation for treatment of flare-ups. Consider the number of visits the claimant has had this year for flare-ups, the request for additional visits are not medically necessary.