

Case Number:	CM15-0162794		
Date Assigned:	08/31/2015	Date of Injury:	04/04/2012
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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, Montana

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 57-year-old female, who sustained an industrial injury on April 4, 2012. She reported neck, arm, waist and hip pain. Treatment to date has included cervical steroid injection, medication, neck brace, MRI, physical therapy, activity modification and electrodiagnostic studies. Currently, the injured worker complains of moderate to severe neck pain that radiates to her right arm down to her hand that includes her ring and small fingers and is rated at 8 on 10. There is numbness, and burning in her upper back. She reports headaches and nausea. The injured worker is currently diagnosed with cervical herniated disc(s) and radiculopathy. Her work status is modified duty. A progress note dated May 8, 2015, states the injured worker has experienced therapeutic failure from activity modification, medication, physical therapy and epidural injection. A progress note dated July 1, 2015, states the injured workers symptoms were aggravated by wearing the neck brace. A progress note dated August 5, 2015, states the injured worker experienced temporary relief from the cervical steroid injection. The note also states the injured worker experiences nausea from her pain medication. Chiropractic treatment, (six sessions) to decrease pain and improve range of motion-function, is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: Per Utilization review, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions which were non-certified by the 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, 6 Chiropractic visits are not medically necessary.