

Case Number:	CM15-0168587		
Date Assigned:	09/10/2015	Date of Injury:	02/05/2015
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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 39 year old female, who sustained an industrial injury on February 5, 2015. She reported neck and back pain. The injured worker was diagnosed as having cervical sprain and strain, thoracic sprain and strain and lumbosacral sprain and strain. Treatment to date has included physical therapy, chiropractic treatment and medications. She reported side effects from oral pain medications. On July 29, 2015, the injured worker complained of neck pain and right shoulder pain. The pain was noted to be worse with rotation to the right of the cervical spine and with movement of the shoulder. At the time of exam, she had only completed one physical therapy visit but she felt as if she was improving. A physical examination revealed tenderness to palpation of the right cervical spine. Cervical range of motion was noted to be slightly diminished. The treatment plan included physical therapy, chiropractic care and medication. On August 14, 2015, utilization review denied a request for chiropractic treatment to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic treatment to the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with ongoing neck pain despite previous treatments with medications, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed the claimant has completed at least 7 chiropractic visits, however, there are no evidences of objective functional improvements. There are no document changes in objective findings the claimant was taken off-work duties by the treating doctor. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary.