

Case Number:	CM15-0182190		
Date Assigned:	09/23/2015	Date of Injury:	02/17/1999
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This injured worker is a 55 year old female, who sustained an industrial injury on 02-17-1999. The injured worker was diagnosed as having chronic neck pain- degenerative cervical spondylosis, chronic neck pain - myofascial pain syndrome, pain disorder with psychological - general medical condition and insomnia - persistent due to chronic pain. On medical record dated 05-20-2015 pain level was rated at 8-9 out of 10, with an average 9 out of 10, effective pain was noted at 8 out of 10 and a function level was 3-4 out of 10. On medical records dated 09-08-2015, subjective complaints were noted as chronic neck pain. Per documentation the injured worker was noted that analgesic medicine helps maximize level of physical function and improves her quality of life. Pain scale level was not noted. The injured worker was on permanent disability. Treatment to date included chiropractic therapy and medication, the number of completed sessions of chiropractic treatments are unclear, however there is evidence of measurable functional improvement from previous treatment noted on medical recorded dated 09-08-2015. Current medication was listed as MSContin, Soma, Cymbalta 60mg, Cymbalta 30mg, Thermacare heat pads and Ibuprofen. The Utilization Review (UR) was dated 09-14-2015. A Request for Authorization was dated 09-11-2015 requested 12 sessions of chiropractic treatments. The UR submitted for this medical review indicated that the request for 12 sessions of chiropractic treatments was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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

Decision rationale: The medical necessity for the requested 12 treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. A modification of the request to certify 6 treatments to address the claimant's complaints could be considered appropriate. It appears that the claimant underwent an agreed medical evaluation that resulted in a recommendation for up to 24 treatments per year. This indicates that periodic treatment may be appropriate if it is consistent with treatment utilization schedule guidelines. The requested 12 treatments are not consistent with this guideline and are not medically necessary.