

Case Number:	CM15-0185754		
Date Assigned:	09/25/2015	Date of Injury:	04/17/2014
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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 42 year old male, who sustained an industrial injury on April 17, 2014. He reported injury to his neck, low back and right wrist. He had also developed posttraumatic stress disorder. The injured worker was currently diagnosed as having sprain and strain of lumbar region, sprains and strains of neck, unspecified major depression single episode and anxiety state not otherwise specified. Treatment to date has included diagnostic studies, chiropractic treatment and psychological treatment. On August 25, 2015, the injured worker complained of pain in the back and left sides of his neck as well as muscle tightness. Notes stated he completed twelve sessions of chiropractic treatment for the neck. He stated that he felt "improvement" in his overall pain and noticed "some improvement" with range of motion, although his chiropractor recommended six additional treatments. He reported using ice and hot towels intermittently when his pain is more severe. He does not take any oral pain medication or anti-inflammatories as he wishes to avoid them whenever possible. The treating physician noted it was reasonable for the injured worker to have more chiropractic treatment, particularly due to the fact that they are awaiting a response regarding massage therapy. It was felt that massage therapy in conjunction with chiropractic would provide more adequate relief. On September 11, 2015, utilization review denied a request for six sessions of chiropractic therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 6 sessions for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant presented with chronic neck pain despite previous treatments with medications, acupuncture, physical therapy, and chiropractic. According to the available medical records, the claimant has completed 12 chiropractic visits to date. However, there is no evidences of objective functional improvements, progress reports by the treating doctor did not note any change in range of motion and the claimant remained on the same restricted work duties. Based on the guidelines cited, the request for additional 6 chiropractic visits is not medically necessary.