

Case Number:	CM15-0188998		
Date Assigned:	10/01/2015	Date of Injury:	06/09/2010
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/25/2015

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 53 year old female, who sustained an industrial injury on 06-09-2010. The injured worker is currently not currently working. Medical records indicated that the injured worker is undergoing treatment for cervical spondylosis, cervicogenic headaches, thoracic paraspinal strain, bilateral carpal tunnel syndrome, bilateral extensor origin tendinopathy of the elbows, and bilateral knee chondromalacia grade 3-4. Treatment and diagnostics to date has included chiropractic treatment and medications. Current medications include Nucynta, Flector patch, Lidoderm patch, Metformin, and topical steroid cream. After review of the progress note dated 09-18-2015, the injured worker reported ongoing neck pain, headaches, bilateral knee pain, low back pain, and carpal tunnel symptoms. The treating physician noted that the injured worker "had 6 sessions of chiropractic care. This largely focused on the lumbar spine but was quite helpful" but is "still having ongoing daily headaches and spasm and would benefit from 6 additional sessions targeting her cervical spine". Objective findings included tenderness along the bilateral cervical paraspinal muscles, superior trapezius, levator scapulae, and rhomboids. The Utilization Review with a decision dates of 09-23-2015 non-certified the request for chiropractic care x 6 sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care x 6 sessions for the cervical spine: Overturned

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 medical necessity for the requested 6 chiropractic treatments was established. The claimant presented to the provider's office on 9/18/2015 complaining of ongoing neck pain and headaches, bilateral knee pain, and lower back pain. It was noted that "about 3 weeks ago, her right knee gave way and she fell landing on her knees." This resulted in an increase in her pain complaints. 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 most recent report indicated that the claimant "had 6 sessions of chiropractic care. This largely focused on the lumbar spine but was quite helpful. She still having daily headaches and spasm and would benefit from 6 additional sessions targeting her cervical spine." This previous chiropractic treatment was in July 2015. Given the claimant's presenting complaints, a course of 6 chiropractic treatments can be considered appropriate and necessary.