

Case Number:	CM15-0189899		
Date Assigned:	10/02/2015	Date of Injury:	01/02/1996
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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 51year old female, who sustained an industrial injury on January 02, 1996. The injured worker was diagnosed as having late effects of the sprain and strain to the cervical spine, subluxation of the cervical spine, and subluxation of the thoracic spine. Treatment and diagnostic studies to date has included chiropractic therapy. In a progress note dated August 14, 2015 the treating chiropractor reports complaints of an exacerbation of the chronic, occasional pain and stiffness to then neck and upper back bilaterally. Examination performed on August 14, 2015 was revealing for tenderness to the cervical and upper thoracic region, hypertonicity and loss of cervical lordosis to the cervicothoracic area, and decreased range of motion to the cervical spine. The injured worker's pain level on August 14, 2015 was rated a 6 out of 10 on a visual analog scale. The medical records provided included at least 6 sessions of chiropractic therapy in 2015, but the documentation did not indicate if the injured worker experienced any functional improvement with prior chiropractic therapy. The medical records also included at least 18 sessions of prior chiropractic therapy from 2013 and 2014. On August 14, 2015 the treating chiropractor requested examination with spinal manipulative therapy (SMT) with adjunctive modalities to "mitigate flare and restore functional baseline". On September 15, 2015 the Utilization Review determined the request for examination of spinal manipulative therapy (SMT) with adjunctive modalities to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Examination, spinal manipulative therapy (SMT), adjunctive modalities: 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 flare-up of her chronic neck pain. According to the available medical records, the claimant has had periodic chiropractic treatment since 2009. In 2015, the claimant has had 7 chiropractic treatments since 01/28/2015, with the last 2 treatments noted on 07/13/2015 and 07/24/2015. Although MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, ongoing maintenance care is not recommended. Therefore, the request for additional chiropractic treatment is not medically necessary.