

Case Number:	CM15-0189901		
Date Assigned:	10/02/2015	Date of Injury:	07/16/2013
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
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, Oriental Medicine

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 38-year-old female who presented with an industrial injury on 7-16-2013. Diagnoses have included pain in the ankle and shoulder joints, and neck. A previous cervical MRI is noted to have showed disc bulging at multiple levels foraminal stenosis. Documented treatment includes cortisone injections in the neck, unspecified amounts of physical and acupuncture therapies stated as "without benefit," and she has had a minimum of 12 chiropractic treatments which she reported as being effective. She requested additional chiropractic visits in 5-2015, but the physician stated she should "hold off." The injured worker continues to present with "persistent" neck pain which becomes worse with prolonged sitting and use of her computer, which is part of her full time job duties. She has remained working full time since her injury. Examination on 8-14-2015 showed tenderness along cervical muscles on the right into the upper back with noted muscle tension, and range of motion full with flexion, and extension, but decreased by 20 percent with rotation to the right. Mildly decreased sensation in the right upper extremity in a C6-7 dermatomal distribution was also noted. Motor strength was reported as 5 out of 5 with grip strength on both sides. The treating physician's plan of care includes an additional 12 chiropractic sessions which was denied on 8-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Manipulation, Chiropractic Guidelines.

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

Decision rationale: The August 25, 2015 utilization review document denied the treatment request for 12 prospective chiropractic visits to the patient's cervical spine and left ankle citing CA MTUS chronic treatment guidelines. The patient's past medical history of treatment included treatment trials of acupuncture, prolonged physical therapy and the probability that 24 visits of chiropractic care had been provided. The reviewed medical records did identify evidence of functional improvement through 2013 supporting the clinical necessity for a return to chiropractic care for addressed exacerbation. The CA MTUS chronic treatment guidelines support additional treatment when evidence of functional improvement has been documented. The request for 12 additional visits exceeds CA MTUS chronic treatment guidelines that recommend a course of six visits. The medical necessity for certification of 12 additional chiropractic visits is not supported by the medical records or compliant with the prerequisites for consideration of additional care per CA MTUS chronic treatment guidelines.