

Case Number:	CM15-0191539		
Date Assigned:	10/05/2015	Date of Injury:	02/25/2010
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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 61 year old female, who sustained an industrial injury on February 25, 2010. The injured worker was diagnosed as having cervical spine sprain and strain. Treatment and diagnostic studies to date has included chiropractic therapy and home exercise program. In a progress note dated August 17, 2015 the treating physician reports complaints of pain to the neck with headaches. Examination performed on August 17, 2015 was revealing for tenderness to the bilateral suboccipital and trapezius region with guarding and decreased range of motion to the cervical spine. The injured worker's pain level on August 17, 2015 was rated a 3 on the scale of 0 to 10. The progress note from August 17, 2015 noted the injured worker to have attended 4 out of 4 chiropractic therapy sessions and also noted that the injured worker was able to style her hair which she was unable to do prior to treatment, was noted to be working, was noted to be able to perform home exercise program with extended range of motion, and was noted to be able to perform computer work for two hours. The medical records provided contained at least 21 chiropractic therapy visits with the treating chiropractor noting an "improved" status with a pain level of a 3 out of 10 to the cervical spine in the chiropractic therapy note on August 14, 2015. On August 17, 2015 the treating physician requested chiropractic services with exercises, modalities, manipulation, and myofascial release once (1) a week for four (4) weeks to further increase activities of daily living, decrease headaches, increase motion, and increase the injured worker's time to work without breaks. On September 04, 2015 the Utilization Review determined the request for chiropractic services with exercises, modalities, manipulation, and myofascial release once (1) a week for four (4) weeks to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with exercises, modalities, manipulation, and myo-fascial release once (1) a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Previous treatments include medications, physical therapy, home exercises, chiropractic, and physiotherapy. According to the available medical records, the claimant has had 21 chiropractic visits to date. Although medical records noted functional improvements, the claimant had exceeded the total number of visits recommended by MTUS guidelines, and ongoing maintenance care is not recommended. Therefore, the request for additional 4 chiropractic visits is not medically necessary.