

Case Number:	CM15-0195525		
Date Assigned:	10/09/2015	Date of Injury:	10/20/1999
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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, Minnesota
 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 54 year old male, who sustained an industrial injury on 10-20-1999. The medical records indicate that the injured worker is undergoing treatment for degenerative disc disease of the cervical spine with radiculopathy. According to the progress report dated 8-27-2015, the injured worker presented with complaints of neck pain. Since his last visit, he reports increased pain, numbness, and tingling in his upper extremities to fingertips, worse on the left. On a subjective pain scale, he rates his pain 8 out of 10. The physical examination of the cervical spine reveals diffuse tenderness to palpation with decreased range of motion. The current medications are Pamelor, Flexeril, Ultracet, and Prilosec. Previous diagnostic studies were not indicated. Treatments to date include medication management, 5 physical therapy sessions (moderate relief), 5 chiropractic sessions (mild relief), and 24 acupuncture sessions (significant temporary relief). Work status is described as permanent and stationary. The original utilization review (9-23-2015) had non-certified a request for 8 chiropractic sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments for the Cervical Spine 2 times a week for 4 weeks as an outpatient: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 8 chiropractic treatments for the cervical spine 2 times per week for 4 weeks. The request for treatment (8 visits) is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.