

Case Number:	CM15-0196278		
Date Assigned:	10/09/2015	Date of Injury:	06/25/2013
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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 50 year old female who sustained an industrial injury on June 25, 2013. Primary treating office visit dated April 16, 2015 reported current subjective complaint of "plagued with chronic right sided neck pain that radiates into her right axilla with associated neck stiffness and headaches." There is note of pending authorized surgery on April 30. The impression noted: cervical radiculopathy with disc bulge C5-6; right shoulder contusion; right lateral epicondylitis status post release on September 12, 2014; right knee, right great toe and right forehead contusions resolved. Previous treatment to include: activity modification, medication, physical therapy, injections. Primary follow up dated September 14, 2015 reported the plan of care with requesting recommendation for radiographic study of cervical spine and chiropractic care BIW times 4 weeks without adjustments which was non-certified by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 2 times 4 cervical spine-no adjustments: 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, Physical Medicine.

Decision rationale: The claimant presented with chronic pain in the neck, right elbow, and right knee. Previous treatments include medications, acupuncture, physical therapy, injections, surgery. According to the available medical records, there are no evidences of objective functional improvements with prior physical therapy. While evidences based MTUS, guideline might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 8 visits exceeded the guidelines recommendation. Therefore, the request for 8 visits of chiropractic visits with no adjustment is not medically necessary.