

Case Number:	CM15-0197224		
Date Assigned:	10/12/2015	Date of Injury:	04/09/2012
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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 43 year old male, who sustained an industrial injury on 4-9-12. The injured worker's diagnosis was not noted in the provided medical report. Treatment to date has included medication such as Fluoxetine and Omeprazole. Physical examination findings on 8-25-15 included full cervical range of motion. The treating physician noted "soft tissue complaints are evident by palpation along the paracervical, occipital, trapezius, and low back area." On 8-25-15, the injured worker complained of neck pain. The treating physician requested authorization for chiropractic treatment for the cervical spine x10. On 9-9-15, the request was modified to certify a quantity of 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 10 visits cervical spine: 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 neck) 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 requested 10 chiropractic visits of the cervical spine for an unspecified period of time. The UR doctor correctly modified the treatment to 6 visits per the Guidelines. The request for treatment (10 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary or appropriate. In order to receive more treatment for this patient, the doctor must document objective functional improvement from the 6 approved UR visits.