

Case Number:	CM15-0202885		
Date Assigned:	10/19/2015	Date of Injury:	04/18/2013
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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 49 year old male injured worker suffered an industrial injury on 4-18-2015. The diagnoses included cervical radiculopathy and disc herniations. On 6-29-2015 the treating provider reported pain in the neck currently rated as 2 to 3 out of 10 but can increase up to 7 out of 10 with Voltaren will decreased the pain back to 2 to 3 out of 10. On exam cramping and aching pain extended from the right trapezius up to the right side of the neck. There was decrease range of motion of the cervical spine. The request for Chiropractic was indicated by the provider was for increase function and decreased in pain. On 8-11-2015 reported neck pain rated 2 to 8 out of 10. The medication was changed to Relafen. On 9-4-2015 the progress notes from 8 chiropractic sessions revealed the injured worker noted 80% improvement in pain. The medical record did not include evidence of functional improvement with treatment. Prior treatment included physical therapy 18 sessions that helped temporarily. Diagnostics included cervical magnetic resonance imaging revealed central disc protrusion with moderated spinal canal stenosis with mild cord impingement. Also noted was mild to moderate bilateral neural foraminal stenosis. The Utilization Review on 10-6-2015 determined non-certification for Chiropractic 2x a week for 4 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x a week for 4 weeks for the 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 has requested Chiropractic therapy 2 times per week for 4 weeks or 8 visits to the cervical spine. The medical records revealed the patient has received 38 chiropractic visits since the DOI with no documentation that gives objective functional improvement from this treatment. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.