

Case Number:	CM15-0205995		
Date Assigned:	10/22/2015	Date of Injury:	09/09/2013
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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(n) 43 year old female, who sustained an industrial injury on 9-9-13. The injured worker was diagnosed as having cervical myofascial pain. Subjective findings (4-3-15, 5-13-15, 7-8-15, 7-29-15 and 8-19-15) indicated 6-7 out of 10 pain in the cervical spine with upper extremity symptoms. The injured worker reported that medication does facilitate maintenance of activities of daily living. Objective findings (4-3-15, 5-13-15, 7-8-15, 7-29-15 and 8-19-15) revealed cervical flexion is 40 degrees, extension is 25 degrees and rotation is 25 degrees bilaterally. As of the PR2 dated 9-9-15, the injured worker reports 6 out of 10 pain in the cervical spine with upper extremity symptoms. Objective findings include cervical flexion is 40 degrees, extension is 25 degrees and rotation is 25 degrees bilaterally. Treatment to date has included physical therapy for the lumbar spine, a TENS unit, a cervical MRI on 8-26-15 showing moderate disc degenerative signal change at C5-C7, Cymbalta and Cyclobenzaprine. The Utilization Review dated 10-12-15, non-certified the request for chiropractic treatments 3 x weekly 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 3 x 4, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. There is no evidence that the claimant has undergone a trial of 6 chiropractic treatments prior to this request. Therefore, the requested 12 chiropractic treatments was not medically necessary.