

Case Number:	CM15-0207703		
Date Assigned:	10/26/2015	Date of Injury:	07/02/2015
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This 54 year old man sustained an industrial injury on 7-2-2015. Evaluations include cervical spine MRI dated 11-2014 that showed degenerative changes. Diagnoses include chronic neck pain and cervical spine sprain. Treatment has included oral and topical medications, acupuncture (helpful), 14 sessions of physical therapy (helpful), and chiropractic care (not helpful). Physician notes dated 9-11-2015 show complaints of neck pain with radiation to the right shoulder. The physical examination shows mild tenderness to palpation of the paracervical muscles with "full" range of motion with discomfort at the end range of movement. The bilateral shoulders have "full" range of motion. There are no range of motion measurements listed for either of these areas. Recommendations include chiropractic care, continue acupuncture, Ibuprofen, continue Gabapentin, Flexeril, continue Voltaren gel, acupuncture, and follow up in one month. Utilization Review denied requests for chiropractic care on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 2 times weekly, cervical spine, QTY: 6: 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: The claimant presented with chronic neck pain. According to the available medical records, the claimant has had chiropractic treatments previously. However, there are no chiropractic treatment records, total number of visits is unclear and no evidences of objective functional improvement documented. The claimant noted no improvement with prior chiropractic treatments. Based on the guidelines cited, the request for additional chiropractic treatment is not medically necessary.