

Case Number:	CM15-0026785		
Date Assigned:	02/19/2015	Date of Injury:	05/10/2013
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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 47 year old female, who sustained an industrial injury on May 10, 2013. She has reported neck pain, shoulder pain, back pain, arm pain, and leg pain. The diagnoses have included brachial neuritis or radiculitis, upper extremity swelling, thoracic spine sprain/strain, and cervical/CADS injury. Treatment to date has included cognitive behavioral therapy, chiropractic, epidural steroid injection of the cervical spine, and home exercise. A progress note dated January 23, 2015 indicates a chief complaint of continued pain and sleep loss. Physical examination showed decreased range of motion of the cervical spine, spasms, decreased deep tendon reflexes, and decreased sensation. The treating physician is requesting six chiropractic sessions for the cervical spine. On February 5, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatments for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care. Not medically necessary. Recurrences/flare-ups. Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with persistent pain in the neck, upper, middle, lower back, and left arm despite previous treatments with medications, injections, chiropractic, and home exercises. Reviewed of the available medical records showed she had reached permanent and stationary status per treating doctor report on 07/22/2014. There is no document of recent flare-up, and the claimant continued to receive treatments with cognitive therapy and medication. Based on the guidelines cited, the request for 6 chiropractic treatments is not medically necessary.