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| Case Number: | CM15-0216800 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 05/27/2015 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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 43-year-old female, with a reported date of injury of 05-27-2015. The diagnoses include cervical sprain and strain, whiplash, thoracic sprain and strain, and headache. The progress report dated 09-21-2015 indicates that the injured worker rated her neck pain and head pain 4 out of 10. The treating physician noted that the injured worker was making progress with her neck pain, and that chiropractic care "has helped her neck pain". The objective findings include full range of motion of the cervical spine; tenderness at approximately C3-4, with no spasms; and some levator tenderness bilaterally. The injured worker's work status was noted as regular work. On 08-31-2015, the injured worker rated her neck and head pain 4 out of 10. The objective findings (08-31-2015) included a slight visual decrease in range of motion of the cervical spine; and 1+ tenderness with hypertonicity of the paraneuchal musculature. The chiropractic evaluation report dated 07-30-2015 indicates that the injured worker continued to complain of headaches, stiffness, neck pain, and pain in the upper back region. She rated her pain 4 out of 10. The physical examination showed tightness in the mid-cervical region extending up to the upper back and upper trapezius region; and tenderness, fixation, and associated hypertonicity in the right side of the neck and right side of her upper back region. The treating provider indicated that the injured worker was to engage in a short course of chiropractic care; and the overall goal was the possible reduction and resolution of symptoms in regards to headaches, neck pain, and upper back tightness and discomfort. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included physical therapy and chiropractic treatment. The treating physician requested four chiropractic

treatment sessions for the cervical spine. On 10-05-2015, Utilization Review (UR) non-certified the request for four chiropractic treatment sessions 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 treatment for the cervical spine, quantity 4: 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 pain in the neck, upper back, shoulder, and elbow. Previous treatments for the cervical included medications, physical therapy, home exercises, and chiropractic. According to the available medical records, the claimant report improvement with chiropractic care. However, total number of visits completed to date is unclear. Current progress report noted normal cervical range of motion, and the claimant is working full duties. In this case, there is no functional deficits that require further passive treatments and total number of chiropractic visits completed is unclear, and ongoing maintenance care is not recommended by MTUS guidelines. Therefore, the request for additional 4 chiropractic visits is not medically necessary.