

Case Number:	CM15-0217319		
Date Assigned:	11/09/2015	Date of Injury:	02/01/2012
Decision Date:	12/22/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/04/2015

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: Chiropractic

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 37 year old male, who sustained an industrial injury on 2-1-2012. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for cervical pain, posttraumatic stress disorder (PTSD), headaches, post concussion and cervical strain. Medical records dated 4-22-2015 and 6-24-2015 the treating physician indicates medication changes in the subjective findings and "no change" in objective exam. On exam dated 7-22-2015 the treating physician indicates subjective complaints of "follow-up of neck pain" and "no change" of objective exam. On exam dated 9-2-2015 the treating physician indicates "no change" of subjective and objective exam. Treatment to date has included magnetic resonance imaging (MRI) and orthopedic treatment. The original utilization review dated 10-1-2015 indicates the request for initial chiropractic treatment of cervical spine X12 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to cervical spine 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for his cervical spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions but it does not address the cervical spine. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care sessions over 2 weeks and up to 18 sessions with evidence of objective functional improvement. The ODG Neck and Upper Back Chapter recommends 6 trial sessions not 12. The number of chiropractic sessions requested far exceeds the ODG recommendations. I find that the 12 initial chiropractic sessions requested to the cervical spine is not medically necessary or appropriate.