

Case Number:	CM15-0032648		
Date Assigned:	02/26/2015	Date of Injury:	05/11/2014
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/20/2015

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, Oriental Medicine

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 61 year old male, who sustained an industrial injury on 5/11/14. He reported neck. The injured worker was diagnosed as having sprain/strain neck, brachial neuritis/radiculopathy and displaced cervical intervertebral disc. Treatment to date has included physical therapy and activity restrictions. (MRI) magnetic resonance imaging of cervical spine, (CT) computerized tomography scan of cervical spine, x-rays of cervical spine and (NCV) Nerve Condition Velocity studies were performed. Currently, the injured worker complains of pain in neck, back and stiffness in neck, upper extremity shoulder pain radiating to shoulder blades, left arm and hand intermittent numbness, right hip pain and intermittent low back pain. The injured worker stated physical therapy was beneficial in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care 2 x 3 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already had chiropractic in the past. However the request is for additional chiropractic treatment so the claimant has most likely already had chiropractic treatment. However, no functional improvement has been submitted. Therefore, further chiropractic visits are not medically necessary.