

Case Number:	CM15-0035969		
Date Assigned:	03/04/2015	Date of Injury:	07/11/2003
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/25/2015

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 51-year-old female who sustained a work related injury on July 11, 2003, after incurring back injuries while employed. She was diagnosed with cervicobrachial syndrome, brachial neuritis, thoracic disc syndrome, scoliosis, cervical sprain, cervical facet syndrome and thoracic sprain. Treatment included physical therapy, chiropractic treatment, traction and medications. Currently, the injured worker complained of back pain and discomfort while sitting, lifting, walking, pulling and pushing. On March 10, 2015, a request for a service of Chiropractic manipulation of the cervical spine for a quantity of six sessions was modified to Chiropractic manipulation of the cervical spine for a quantity of three sessions, by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines 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:

Additional Chiropractic Manipulation, cervical spine Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chiropractic Guidelines- regional neck pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 2/15/15 found the medical necessity for Chiropractic care based on the severity of the reported exacerbation and the medical necessity for care based on prior functional improvement with same care. The UR determination cited the CAMTUS Chronic Treatment Guidelines as the basis for modification of the requested 6 sessions to a modified plan of 3 sessions. Although the medical necessity for treatment was reported by the primary physician, care exceeds guidelines. The UR determination was an appropriate determination and supported by CAMTUS Chronic Treatment Guidelines. The reviewed Appeal documents and medical records did not provide the medical necessity to certify the 6 sessions of Chiropractic care as requested on 1/26/25.