

Case Number:	CM15-0037614		
Date Assigned:	03/06/2015	Date of Injury:	06/10/2014
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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 58-year-old female who sustained an industrial injury on 06/10/2014. Diagnoses include cervicalgia, shoulder arthralgia, cervical myofascial sprain/strain. Treatment to date has included medications, physical therapy. A physician progress note dated 01/26/2015 documents the injured worker reports she is still having stiffness in her neck, and daily headaches. The pain radiates down her right arm via shoulder intermittently. There is tenderness to palpation to the paravertebral and trapezius musculature. Magnetic Resonance Imaging dated 09/03/2014 shows congenitally narrow central spinal canal. C5-C6 and C6-C7 reveal small posterior disk bulges combined with ligamentum flavum hypertrophy to cause mild central spinal canal narrowing, and uncovertebral osteophytosis causes mild right neuroforaminal narrowing. Treatment requested is for 10 Outpatient Chiropractor Sessions. On 02/05/2015 Utilization Review modified the request for 10 outpatient Chiropractor sessions to 6 Outpatient Chiropractor sessions and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Outpatient Chiropractor Sessions: Upheld

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

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

Decision rationale: The claimant presented with chronic neck pain and headaches. Previous treatments include medications and physical therapy. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks, the request for 10 visits exceeded the guidelines recommendation. Therefore, without achieving functional improvement with the trial visits, the current request for 10 visits is not medically necessary.