

Case Number:	CM15-0040996		
Date Assigned:	03/11/2015	Date of Injury:	01/01/2001
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 41-year-old female, who sustained a work/ industrial injury on 1/1/01. She has reported initial symptoms of neck and upper extremity pain. The injured worker was diagnosed as having Cervicalgia. Treatments to date included medication and chiropractic care (10/2013). Magnetic Resonance Imaging (MRI) of 6/16/14 reported subtle disc bulging with no foraminal stenosis, central stenosis, or disc herniation. Currently, the injured worker complains of ongoing bilateral upper extremity pain. Diagnosis was repetitive trauma disorder, chronic upper extremity pain; wrists, elbows, and shoulders, chronic left sided neck pain, and thoracic pain with radicular symptoms. The treating physician's report (PR-2) from 1/27/15 indicated the current medications included Tramadol, Motrin, Prilosec, and Trazodone. Treatment plan was to include refill of medications and request for chiropractic and massage for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x8 sessions to the neck: Upheld

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

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

Decision rationale: The UR determination of 2/3 denied further Chiropractic care, 8 visits to manage the patient cervical spine complaints. The reviewed medical records reflect chronic cervical spine complaints since the DOI of 1/1/2001. Records reflecting functional gains were limited to decrease in pain absent evidence of objective improvement by comparative clinical assessment. There was no documentation of recent functional deficits were a return to Chiropractic management would be expected to lead to functional improvement. The UR determination was an appropriate determination finding the patient with no prior history of objective clinical improvement and no evidence that the patient was engaged in an active rehabilitation program prior to the current request for care, criteria for additional care per CAMTUS Chronic Treatment Guidelines. The reviewed documents failed to establish the medical necessity for additional Chiropractic care or document functional improvement per CAMTUS Guidelines.