

Case Number:	CM15-0041435		
Date Assigned:	03/11/2015	Date of Injury:	04/15/2014
Decision Date:	04/20/2015	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

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 38 year old male, who sustained an industrial injury on April 15, 2014. He reported an injury to the cervical spine. The injured worker was diagnosed as having brachial neuritis/radiculitis and sprains/strains of the neck. Treatment to date has included diagnostic studies, physical therapy, acupuncture and medications. On January 22, 2015, the injured worker complained of intermittent, moderate neck pain described as sharp and stiffness. The pain radiated to the bilateral lower extremities along with numbness and tingling. He rated the pain as a 5 on a 1-10 pain scale. Physical examination of the cervical spine revealed tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There was muscle spasm of the bilateral trapezii and cervical paravertebral muscles. Shoulder depression caused pain bilaterally. The treatment plan included acupuncture and consultation for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulative therapy 2 x week x 4 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months
Page(s): 58-59.

Decision rationale: The claimant presented with persistent neck pain despite previous treatments with medications, physical therapy, and acupuncture. There is no previous chiropractic treatments records. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvements, total up to 18 visits over 6-8 weeks, the request for 8 visits exceeded the guidelines recommendation. Therefore, without demonstrating functional improvement with the trial visits, the current request for 8 visits is not medically necessary.