

Case Number:	CM15-0044131		
Date Assigned:	03/16/2015	Date of Injury:	10/25/2013
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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 49 year old female who sustained a work related injury October 25, 2013. While relocating offices and lifting boxes, she began to feel pain in her neck, upper and low back. Treatment included a cervical MRI, cervical epidural injections and chiropractic treatment. According to a primary treating physician's progress report dated January 16, 2015, the injured worker presented with on and off pain which radiates down her left arm to her hand with numbness and tingling. She continues to experience weakness of her hands. She has completed a course of chiropractic treatment (8) sessions, primarily consisting of passive modalities, with relief, and would like additional sessions. Diagnoses are documented as sprain, cervical; disc protrusion with degeneration, cervical disc; stenosis, cervical; and cervical/upper limbs radiculitis. Treatment plan included request for additional chiropractic treatment with active therapies; core strengthening and stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment, cervical spine, 2 times a week for 4 weeks (8 sessions):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: Patient has had prior chiropractic treatments. Provider requested additional 2X4 chiropractic sessions for lumbar spine. Per utilization appeal, patient reports chiropractic care provided her with decreased pain, less muscle spasm, and improvement with her range of motion; she was also able to take less medication as a result, and has less pain while performing her work duties. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam which was documented in the provided notes. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.