

Case Number:	CM15-0047104		
Date Assigned:	03/19/2015	Date of Injury:	02/04/2010
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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 78 year old female, who sustained an industrial injury on 2/4/2010. She reported traumatic injury to the right side of the head. The injured worker was diagnosed as having cervico-thoracic strain with concomitant headaches. There is no record of a recent radiology studies. Treatment to date has included Chiropractic care, home exercises and medication management. Currently, the injured worker complains of increased neck pain. In a progress note dated 2/16/2015, the treating physician is requesting 6 visits with a Chiropractor. A UR determination dated 2/23/15 denied the request for Chiropractic care citing reviewed records and the CAMTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times per week for 3 weeks to cervical spine: Upheld

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

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 reviewed medical records reflect the patient presenting for treatment on 2/16/15 for a report of recent left sided neck pain with no report of numbness or weakness. The patients past medical history of care included access to Chiropractic care without reference to the number of completed sessions, the area/s of application or evidence that applied care was of any functional benefit. The UR determination was an appropriated denial and not supported by referenced CAMTUS Chronic Treatment Guidelines that require objective clinical evidence that prior care led to objective evidence of functional improvement. The records reviewed failed to establish the medical necessity for continuing Chiropractic care, care requested that was not supported by CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.