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| Case Number: | CM15-0048578 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 01/13/2015 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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 69 year old male, who sustained an industrial injury on 1/13/15. The injured worker has complaints of cervical and thoracic pain. There is a 2+ tenderness over the paranchal and trapezius musculature and 1+ tenderness with spasm of the paraspinal musculature. The diagnoses have included cervical sprain/strain; sprain thoracic region; bilateral arm strain and headaches. Treatment to date has included therapy, with a slight decrease in pain levels; Chiropractic care and medications. The requested treatment is for Chiropractic care: evaluate and treat 3 x 2 for the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro care evaluate and treat 3 x 2 for the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-3.

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 2/10/15 request for additional Chiropractic care 6 visits (2x3) followed a prior treatment plan of Chiropractic care, 6 sessions from 1/13/15, the date of injury. The requesting physician in the 2/10/15 request addressed reexamination findings but failed to address the patients measurable functional gains necessary to establish the foundation for additional care per CA MTUS Chronic Treatment Guidelines. The UR determination of 2/25/15 was reasonable and supported by guidelines. The reviewed medical records failed to establish the medical necessity for additional care, 6 sessions of Chiropractic care, by documenting the objective functional gains provided by the prior 6 sessions of care; care denial is supported by CA MTUS Chronic Treatment Guidelines as referenced. Therefore, the requested treatment is not medically necessary.