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| Case Number: | CM15-0057687 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 01/19/2012 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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 58-year-old male, who sustained an industrial injury on 1/19/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical spondylosis with intermittent radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included medications and chiropractic. In a progress note dated 2/26/2015, the injured worker complains of ongoing neck pain and stiffness with an intolerance of medication management. The treating physician is requesting 12 visits of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to the cervical spine 1 time per week for 12 weeks, 12 visits:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with recent flare-up of his chronic neck pain. Reviewed of the available medical records showed he has had 6 chiropractic treatment. However, the claimant continued to complaint of ongoing neck pain and stiffness and radiation. Current request is for chiropractic treatment 1x a week for 12 weeks. The claimant has exceeded MTUS guidelines recommendation for treatment of flare-up, and ongoing maintenance care is not recommended by MTUS guidelines. Therefore, the request for additional 12 chiropractic treatments is not medically necessary.