

Case Number:	CM15-0059672		
Date Assigned:	04/06/2015	Date of Injury:	11/22/2010
Decision Date:	06/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 11/22/2010. His diagnoses, and/or impressions, are noted to include: cervical spine sprain/strain with degenerative disc disease and neuritis/radiculitis/radiculopathy. Recent magnetic imaging studies of the cervical spine are noted on 7/22/2014. His treatments have included a psychiatric occupational report on 9/29/2014; epidural steroid injection therapy - cervical spine; a home exercise program; chiropractic treatments; medication management; and a return to work with restrictions. Progress notes of 9/24/2014 reported feeling overall worse; numbness and tingling from the left shoulder down to the wrist; and intolerance to a significant increase in work activity which has worsened his symptoms. Objective findings were noted to include that this injured worker was, overall, worse; para-cervical spasms; and positive Tinels. The physician's requests for treatments were noted to include physical rehab with mobilization modalities, additional chiropractic treatments for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twice a week for three weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

Decision rationale: The medical necessity for the requested 6 additional chiropractic treatments for the cervical spine was not established. It appears that the claimant has received chiropractic treatment over the course of treatment. However, the response to the previous courses of chiropractic treatment was not available. There must be documented functional improvement in order for additional treatment to be considered appropriate. Given the absence of documentation indicating the response to the previous courses of care, the request for 6 additional treatments is not medically necessary.