

Case Number:	CM15-0082519		
Date Assigned:	05/04/2015	Date of Injury:	10/01/2014
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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: Chiropractic

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 48 year old female who sustained an industrial injury on 01/10/14. Initial complaints and diagnoses are not available. Treatments to date are not addressed. Diagnostic studies are not addressed. Current complaints include upper and mid back, left hand/wrist pain. Current diagnoses include cervical and thoracic spine musculoligamentous sprain/strain, cervical spine myospasm, left wrist arthralgia, and right hand pain. In a progress note dated 03/25/15 the treating provider reports the plan of care as acupuncture, chiropractic treatments, x-rays of the cervical spine, TENS/multi-Stim/Interferential unit, hot/cold wrap, and medications include Naproxen, Prilosec, Fexmid, and transdermal compounds. The requested treatment is chiropractic care, an initial trial of 12 sessions to the neck and upper back. The UR department has modified the request and approved an initial trial of 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with chiropractic supervised physiotherapy 2 x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter.

Decision rationale: The patient has not received any chiropractic treatment for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care. Additional sessions are recommended with evidence of objective functional improvement. The UR department has modified this initial request and per MTUS Guidelines approved an initial trial of 6 sessions. I find that the 12 chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.