

Case Number:	CM15-0087481		
Date Assigned:	05/11/2015	Date of Injury:	08/01/2013
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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 40 year old male, who sustained an industrial injury on 8/1/13. The injured worker has complaints of neck pain radiating into right lateral arm. The diagnoses have included neck sprain. Treatment to date has included nerve conduction study normal sensory/motor studies; electromyography study showed 1+ polyphasic wave seen in right biceps and deltoids; electrodiagnostic evidence of chronic right C5-6 radiculopathy without acute denervation that does correspond with patient's symptoms; joint mobilization; manipulation; ultrasound; electrical muscle stimulation heat modalities and exercise. The request was for chiropractic services for the cervical spine 12 visits over 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services for the cervical spine 12 visits over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in

functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with flare-up of his neck pain. Previous treatments include chiropractic and physiotherapy. The claimant had been reported to reach maximum medical improvement in November 2014. While evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, the request for 12 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.