

Case Number:	CM14-0182794		
Date Assigned:	11/07/2014	Date of Injury:	06/01/2002
Decision Date:	12/11/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a female who sustained a work related injury on 6/1/2002. Per a PR-2 dated 9/26/14, the claimant complains of neck pain on the right side at C4-7, pain of the right thoraco-scapular region, pain radiation to the right upper extremity, and tingling/numbness of the palmar aspect of the right ring and little finger. The claimant had chiropractic on 8/27/14 and 9/2/14 for similar complaints due to a flare-up which occurred during routine activity. On 9/23/2014, she advised of less intensity of these complaints, but felt she would have had more relief if she had been granted four treatments that were requested on 8/30/2014 rather than the two authorized in the review. Range of motion has increased in flexion from 55 from 45, and left rotation to 55 from 45 and in extension to 45 from 35 degrees. Her diagnoses are cervical disc displacement, cervical brachial syndrome, and thoracic spine pain. She had a flare-up on 2/14/14 and was treated with four treatments from 2/14/14-3/18/14. She also had a flare-up on 4/28/14 which was treated with four treatments from 4/28/14-5/27/2014. These both gave her satisfactory relief of her symptoms of flare-up. Per a supplemental report dated 9/30/2014, the chiropractor requests a reconsideration of the current treatment frequency due to previously approved treatment frequency of 2 treatments of month indefinitely. He claims that one treatment per flare-up is not sufficient and he has found that four treatments is the ideal treatment dose for this claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation x 4 visits, Ultrasound Therapy, EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. Two chiropractic visits were approved and used for the claimant's flareup starting 8/27/2014. The claimant is not completely improved from the flareup, but the treatment requested exceeds the recommended guidelines for chiropractic treatment. There are no further reports to document a further flare-up to necessitate further visits. There are many letters of appeal based on previously approved future medical. However, independent medical review bases approvals on recommended guidelines and not on past treatment recommendations. Also, the chiropractor did state that he has found that four treatments is ideal per flare-up and the claimant has already had two treatments. A request for four additional treatments exceeds his own recommendation. Therefore further visits are not medically necessary.