

Case Number:	CM14-0144827		
Date Assigned:	09/24/2014	Date of Injury:	12/12/2013
Decision Date:	03/30/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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, Oriental Medicine

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 66 year old male, who sustained an industrial injury on 12/12/2013. He has reported subsequent neck and back pain and was diagnosed with cervical degenerative disk disease and cervical radiculopathy status post motor vehicle accident. Treatment to date has included oral pain medication, Chiropractic therapy and application of heat and ice. In a progress note dated 07/28/2014, the injured worker complained of increased neck and upper back pain. Objective physical examination findings were notable for tenderness to palpation in the right paraspinal musculature and pain with extension and flexion. The physician noted that the injured worker had the best results from Chiropractic therapy and requested authorization of 12 additional Chiropractic therapy visits. On 08/22/2014, Utilization Review non-certified a request for 12 additional chiropractic treatment for the cervical spine, 2 times a week for 6 weeks between 08/18/2014 and 10/02/2014, noting that as of the 07/20/2014 note, there was no examination to warrant any additional chiropractic care. ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiropractic treatments for the cervical spine 2 times per week for 6 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: On 08/22/2014, Utilization Review non-certified a request for 12 additional Chiropractic treatment for the cervical spine, 2 times a week for 6 weeks between 08/18/2014 and 10/02/2014, noting that as of the 07/20/2014 note, there was no examination to warrant any additional Chiropractic care. The medical provider did submit a PR-2 dated 7/28/14 stating the patient was working without restrictions noting the best results with Chiropractic care. Although tenderness was reported in the cervical spine no objective deficits were outlined. The physician requested 12 additional Chiropractic visits without providing the number of prior Chiropractic visits or what objective evidence of improvement was experienced by the patient. Care as requested was not supported by CAMTUS Chronic Treatment Guidelines. The UR determination of 8/22/14 was an appropriate determination for the documents provided at that time and remain appropriate now that a supplemental report has been reviewed that fails to meet the future treatment criteria per CAMTUS Chronic Treatment Guidelines