

Case Number:	CM14-0218999		
Date Assigned:	01/07/2015	Date of Injury:	03/06/2014
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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, Minnesota

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 33 year old female who sustained an industrial related injury on 3/6/14. The injured worker had complaints of right sided neck pain, right scapular pain, and right arm numbness and tingling. Medications included Cyclobenzaprine, Tramadol, Naproxen, and Cymbalta. Physical examination findings included intact sensation and limited shoulder range of motion. O'Brien's test and Hawkins Kennedy tests were negative. A MRI was noted to have been normal. Treatment included physical therapy and chiropractic treatment. The diagnosis was cervicalgia. The treating physician requested authorization for 6 chiropractic treatments for the cervical spine. On 12/18/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation showing significant benefit from chiropractic treatment. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic treatments to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 6 additional chiropractic sessions for no specific period of time. The documentation does not indicate objective functional improvement with previous chiropractic care, therefore the chiropractic treatment is not medically necessary. Also the report dated 10/28/14 states that the patient has had 12 Chiropractic visits without improvement.