

Case Number:	CM15-0001692		
Date Assigned:	01/12/2015	Date of Injury:	09/25/2012
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/05/2015

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, 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 55 year old male who reported neck pain from injury sustained on 09/25/12 while moving a heavy desk. On 01/14/14, the patient was lifting a 500 pound Xerox machine in which he experienced worsening neck symptoms. Patient is diagnosed with cervical spine sprain/strain with bilateral upper extremity radiculitis, bilateral wrist/forearm flexor and extensor tendinitis with probable carpal tunnel system. Patient has been treated with medication, physical therapy, Acupuncture, and Chiropractic sessions. Per medical notes dated 07/31/14, patient complains of neck pain radiating to bilateral upper extremities, bilateral hand/wrist pain with associated numbness and tingling. Per medical notes dated 09/03/14, patient reports continued daily neck pain, stiffness, limited range of motion. Pain is rated at 5-6/10 and is described as moderate, severe, frequent, and constant. Per medical notes dated 10/23/14, patient is slowly improving with chiropractic treatment, especially traction. He was initially sore with treatment and exercises but now is better/stronger with increased activity. Provider requested additional 2X4 chiropractic sessions for cervical spine which was modified to 6 by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x4 for the cervical spine: 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 and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments. Per medical notes dated 10/23/14, patient is slowly improving with chiropractic treatment, especially traction. Provider requested additional 2X4 chiropractic sessions for cervical spine which was modified to 6 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. According to MTUS guidelines 3-6 chiropractic sessions are sufficient to produce functional improvement which were authorized by the utilization review. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.