

Case Number:	CM15-0109668		
Date Assigned:	06/17/2015	Date of Injury:	10/28/1983
Decision Date:	07/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/08/2015

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 (IW) is a 63 year old male who sustained an industrial injury on 10/28/1983. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having headache, displaced cervical intervertebral disc, brachial neuritis, and chronic pain. Treatment to date has included chiropractic care, medication. Currently, the injured worker complains of neck pain. On exam, he has crackling with neck motion. Rotation is limited, especially to the left. His ambulation and posture are unchanged. And he tolerates his medications well with benefit. His medications include Neurontin, Nucynta, Norco, and Intermezzo. The treatment plans are for continuation of current medications and chiropractic therapy every two weeks for neck pain. A request for authorization is made for Chiropractic therapy for the neck, three times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the neck, three times a week for two weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Page(s): 58.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was not established. The initial denial was based on the absence of documentation indicating the past chiropractic treatment including the amount of treatment and the response that treatment. At the time of the 4/30/2015 evaluation, it was noted that the claimant has continued with chiro due to neck issues. This suggests that chiropractic treatment has been provided this claimant prior to this request. The amount of treatment rendered, and the response that treatment, was not available. A review of the progress reports for the previous year failed to reveal any information regarding the past chiropractic history. Treatment appears to be primarily medication in nature. Prior to certifying any additional chiropractic treatment a review of the past history is essential. There also does not appear to be any functional improvement given the fact that the claimant's pain complaints have remained the same over the past year. Therefore, consistent with medical treatment utilization schedule guidelines, the medical necessity for the requested 6 additional chiropractic treatments was not established. The request is not medically necessary.