

Case Number:	CM15-0010056		
Date Assigned:	01/27/2015	Date of Injury:	09/30/2011
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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 is a 68 year old female, who sustained an industrial injury on 9/30/11. She has reported pain in the neck, face, arms and legs after a fall. The diagnoses have included cervicalgia, myalgia and myositis and cervical segment dysfunction. Treatment to date has included chiropractic treatment, diagnostic studies and oral medications. The QME report on 6/17/14, indicated that the injured worker saw a chiropractor once a month for cervical adjustment because that is the only area of pain for her now. As of the PR2 dated 12/15/14, the injured worker reported a constant dull aching in the right trapezius. She rates the pain 9/10 and stated that is was worse than usual due to stress and preparing to travel. The treating physician requested chiropractic treatments 1x monthly for 4 months cervical. On 1/9/15 Utilization Review non-certified a request chiropractic treatments 1x monthly for 4 months cervical. The UR physician cited the MTUS guidelines for chronic pain and manual therapy and manipulation. On 1/16/15, the injured worker submitted an application for IMR for review of chiropractic treatments 1x monthly for 4 months cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once (1) a month for four (4) months for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS and on the MTUS Chronic Pain Medical Trea.

Decision rationale: The claimant presented with chronic neck pain from an industrial injury on 09/30/2011. The available medical records noted that she has been treated with chiropractic once a month for cervical adjustment. Although MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, maintenance care is not recommended. Therefore, the current request for chiropractic treatments once a month for the next 4 months is not medically necessary.