

Case Number:	CM15-0011927		
Date Assigned:	01/29/2015	Date of Injury:	10/24/2014
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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 45-year-old female, with a reported date of injury of 10/24/2015. The diagnoses include cervical sprain/strain, and neck pain. Treatments have included oral medications. The first report of occupational injury or illness dated 01/15/2015 indicates that the injured worker had constant neck pain with headaches 2-3 times per day, lasting 1-2 hours. The objective findings included limited range of motion of the cervical spine, with positive orthopedic tests of foraminal compression and cervical distraction, and long standing spasms of the cervical spine. The medical report from which the request originates was not provided in the medical records provided for review. The treating physician requested chiropractic therapy two times a week for six to eight weeks for the neck. On 01/13/2015, Utilization Review (UR) denied the request for chiropractic therapy two times a week for six to eight weeks for the neck. The UR physician noted that the injured worker had not undergone an initial examination. The American College of Physicians and the American Pain Society were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy twice a week for six to eight weeks for the neck area: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and treatment of low back pain: a

joint clinical practice guideline from the American College of Physicians and the American Pain Society. Chou R, Qaseem A, Snow V, Casey D, Cross JT, Shekelle P, Owens DK, Clinical Efficacy Assessment Subcommittee of the American College of Physicians, American College of Physicians, American Pain Society, Low Back Pain Guidelines, *Ann Intern Med*. 2007;147(7):478.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 2X 6-8 weeks chiropractic treatment for neck pain. Per ACOEM guidelines there is insufficient evidence to support manipulation for cervical spine. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.