

Case Number:	CM15-0013293		
Date Assigned:	01/30/2015	Date of Injury:	02/05/2014
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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 29 year old female who sustained an industrial injury on 02/05/14. She reports intermittent neck pain and stiffness with radiating pain to the upper thoracic region. Diagnoses include thoracic sprain/strain and thoracic spondylosis. Treatments to date include 12 chiropractic treatments. In a progress noted dated 12/09/14, the treating provider reports that she has responded well to her chiropractic care with decreased level of pain and tenderness, and increased range of motion and strength. On 12/21/14 Utilization Review non-certified additional chiropractic sessions to the cervical spine, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Treatments for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The claimant underwent a course of 12 treatments and was reevaluated by [REDACTED], on 12/9/2014. It was noted that the claimant responded very well to course of chiropractic care which was provided to her. There is subjective and objective improvement noted since initial date of evaluation such as his pain levels has been decreased, his range of motion increase, tenderness decreased. Strength increased. The recommendation was for the claimant to continue with chiropractic treatment at 2 times per week for 6 weeks. This request was denied by peer review based on the absence of further functional deficits that require supervised chiropractic care. A review of the 12/9/2014 progress report in which [REDACTED] submitted the request for additional chiropractic treatment, revealed no significant clinical findings. Cervical examination revealed full range of motion in all planes of motion without restriction. All orthopedic testing was normal. The only clinical finding was tenderness over cervical paravertebral muscle. These minimal clinical findings can be addressed within the context of a home exercise program. 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.' The claimant underwent 12 treatments with noted overall improvement. The requested 12 additional treatments exceed this guideline. Therefore, the medical necessity for the requested 12 additional treatments was not established.