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| Case Number: | CM15-0016808 | | |
| Date Assigned: | 02/05/2015 | Date of Injury: | 09/05/2014 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/29/2015 |

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: Chiropractic

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 24 year old male with an industrial injury dated September 5, 2014. The injured worker diagnoses include cervical spine sprain/ strain, lumbar spine sprain/strain, muscle spasms, and left inguinal pain. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 12/12/2014, the treating physician noted pain in his left groin area but no palpable masses. Cervical spine and lumbar spine revealed decrease range of motion with tenderness. The treating physician prescribed services for chiropractic treatment 2 x 6 for cervical spine. UR determination on January 6, 2015 modified the request to chiropractic treatment 2 x 3 for 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 sessions of Chiropractic therapy for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Neck & Upper Back Chapter

Decision rationale: The patient has not received chiropractic care for his current injuries. He has received physical therapy and medications. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck and Upper Back Chapters recommends a trial of chiropractic "6 visits over 2 weeks." The same sections also recommend additional care with evidence of objective functional improvement. The PTP has requested a trial of 12 sessions of chiropractic care to the cervical spine. The UR department has modified the request and authorized 6 sessions. The number of initial chiropractic sessions requested exceeds the MTUS recommended amount. I find that the 12 sessions of chiropractic care to the cervical spine to not be medically necessary and appropriate.