

Case Number:	CM15-0018998		
Date Assigned:	02/06/2015	Date of Injury:	07/25/2014
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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 39-year-old female with an industrial injury dated 07/25/2014. The mechanism of injury is documented as a fall with neck and back pain. She states there is no change in neck pain and rated it as 8/10. Back pain was rated at 8/10 which the injured worker states have worsened. Physical exam noted limited range of motion of the neck with mild tenderness to palpation along the paraspinal muscles. There was tenderness to palpation near the thoracolumbar junction. She did have active full range of motion. MRI of the cervical spine dated 10/23/2014 noted straightening of the normal lordotic curvature, usually secondary to muscular spasm. There is mild narrowing of the right neural foramina at cervical 3-4 level. There is a 1.5 central posterior disc protrusion at cervical 4-5 level, indenting the anterior aspect of thecal sac. There is mild narrowing of the right neural foramen. There is a 1.5 mm central posterior disc protrusion at cervical 6-7 level indenting the anterior aspect of thecal sac. Prior treatments included activity modification, non-steroidal anti-inflammatory medications, muscle relaxants, physical therapy, and chiropractic treatment. Diagnosis included back strain, cervical spine disc herniation and neck strain, persistent pain. On 12/30/2014, the request for chiropractic 6 visits was modified to three additional chiropractic treatments by utilization review. MTUS/ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with persistent severe neck and back pain, rated 8/10 on pain scale. The claimant has had 6 chiropractic treatments with no change in neck pain and worsened back pain. Based on guidelines cited, the request for additional 6 chiropractic visits is not medically necessary and appropriate due to no evidences of objective functional improvement with previous chiropractic treatments.