

Case Number:	CM15-0019025		
Date Assigned:	02/06/2015	Date of Injury:	08/11/2014
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
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: New Jersey

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 55-year-old male who reported injury on 08/11/2014. The mechanism of injury was a motor vehicle accident. The injured worker's medications included zolpidem and aspirin. The physical examination of 12/18/2014 revealed the injured worker had chiropractic care and physical therapy. The objective findings of the cervical spine revealed full range of motion in all planes. The injured worker had tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezius. There was no spinous process tenderness or masses palpable along the cervical spine. There was a negative Spurling's maneuver bilaterally. The diagnosis included cervicalgia. The treatment plan included 6 additional sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic/physiotherapy x 6 sessions, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend that treatments beyond 4 to 6 visits should have documentation of objective functional improvement. There should be documentation of decreased pain and improvement in quality of life. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation indicating the quantity of sessions previously attended and the objective functional benefit. Given the above, the request for Additional chiropractic/physiotherapy x 6 sessions, cervical spine is not medically necessary.