

Case Number:	CM15-0019692		
Date Assigned:	02/09/2015	Date of Injury:	09/05/2008
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
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: 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 44-year-old female, who sustained an industrial injury on 9/5/08. She has reported shoulder pain, wrist pain and neck pain. The diagnoses have included bilateral upper extremity pain, right shoulder pain, right wrist pain and neck pain. Treatment to date has included medications, diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS) and chiropractic sessions. Currently, the injured worker complains of neck and right upper extremity pain. The neck and shoulder pain persist with spasms. The pain is rated 6/10 without medication and 1-2/10 with medication. She is able to function with activities of daily living (ADL's) with assist of the medications. Physical exam revealed tenderness to palpation over the right side trapezius in the cervical paraspinal musculature. She had a 30-day trial of Transcutaneous Electrical Nerve Stimulation (TENS) without improvement. She states that the greatest benefit in the past has been from chiropractic sessions. Last session was March 2013. There was no previous documented chiropractic sessions noted. She walks and plays soccer when she can for exercise. Magnetic Resonance Imaging (MRI) of the cervical spine dated 12/28/10 revealed disc desiccation, central disc protrusion and mild spinal stenosis. Work status was permanent and stationary. On 1/15/15 Utilization Review non-certified a request for Chiropractic visits for neck Qty: 12, noting the medical necessity of the chiropractic visits was not established. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for neck Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Treatment Guidelines Chapter Neck and Upper Back.

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

Decision rationale: Patient has had prior chiropractic treatments. Provider requested additional 2X6 chiropractic sessions for lumbar spine which were non-certified by the utilization review. Per medical notes dated 12/22/14, chiropractic sessions helped her decrease use of narcotic medication, decrease overall pain, increase range of motion, and allow her to continue to work full time and exercise on a more consistent basis. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.