

Case Number:	CM15-0110507		
Date Assigned:	06/17/2015	Date of Injury:	11/23/1999
Decision Date:	07/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/08/2015

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 71 year old male, who sustained an industrial injury on 11/23/1999. The mechanism of injury is unknown. The injured worker was diagnosed as having thoracic sprain/strain, shoulder sprain/strain and cervical sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/20/2015, the injured worker complains of moderate to severe neck pain. Physical examination showed decreased cervical range of motion. The treating physician is requesting chiropractic manipulation with intersegmental traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation with Intersegmental Traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq.

Effective July 18, 2009: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/7/15 denied the request for Chiropractic treatment and application of cervical traction citing CAMTUS Chronic Treatment Guidelines. The patient has been receiving monthly manipulative therapy with cervical traction with no interim reporting that applied care led to any objective clinical evidence of functional improvement with applied care. The medical necessity to continue the monthly management of the patients reported deficits was not provided with evidence of improvement and is contrary to referenced CAMTUS Chronic Treatment Guidelines for manipulative therapy.