

Case Number:	CM15-0111617		
Date Assigned:	06/18/2015	Date of Injury:	09/07/2004
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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 59-year-old male who sustained a work related injury September 7, 2004. According to a primary treating physician's progress report, dated February 13, 2015, the injured worker presented with decreased pain and increased range of motion, cervical spine, reporting that chiropractic treatments are working. Diagnosis is documented as cervical strain. Treatment plan included to continue with chiropractic treatment, continue home exercise and medication. At issue, is the request for authorization for additional chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatments 2 visits per week for 5 weeks DX: cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck chapter, 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: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/21/15 denied the treatment request for additional Chiropractic treatment, 10 visits to the cervical spine, citing CAMTUS Chronic Treatment Guidelines. The reviewed records together with the information documented in the peer discussion with the provider revealed the claimant receiving Chiropractic care is excess of referenced guidelines and the request itself lacking a current report supporting the medical necessity for additional care. The medical necessity for the requested additional 10 sessions of Chiropractic treatment to the patients was not provided in the reviewed records or comply with the prerequisites for additional care per CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.