

Case Number:	CM15-0116122		
Date Assigned:	06/24/2015	Date of Injury:	03/20/2014
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 64-year-old female who sustained an industrial injury on 3/20/2014 resulting in neck pain. The injured worker was diagnosed with degeneration of intervertebral disc, and C4-5 and C5-6 neural foraminal stenosis. Treatment has included pain medication, occupational therapy, home exercise, and chiropractic treatment from which she has reported 50% reduction of pain. She continues to report neck pain which radiates into her arms; more on the left. Treating physician's plan of care includes 6 additional chiropractic sessions. Work status at present is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 3Wks for the Neck, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Manipulation Subheading; Chiropractic Guidelines; Physical Therapy.

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; ; 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 6/9/15 UR determination denied additional Chiropractic care to the patients cervical spine citing CAMTUS Chronic Treatment Guidelines. The request for manipulative therapy was accompanied by a request of additional occupational therapy, the manipulative therapy lacking objective evidence that prior care led to evidence of functional improvement. The medical necessity for further application of manipulative therapy to the cervical spine was not found in the medical records reviewed or comply with referenced CAMTUS Chronic Treatment Guidelines. Therefore, the requested medical treatment is not medically necessary.