

Case Number:	CM15-0119275		
Date Assigned:	06/29/2015	Date of Injury:	02/19/2015
Decision Date:	08/05/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/19/2015

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

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 43 year old male, who sustained an industrial injury on 2/19/15. The injured worker has complaints of neck pain, left shoulder pain and headaches. Examination of the injured workers head was unremarkable and examination of the cervical spine shows normal range of motion. The documentation noted that the injured worker was slightly wobbly over to the right side when he walks on his heels. The diagnoses have included cervical radiculitis; rotator cuff sprain; tension headache and nausea; vomiting and cognitive deficits. Treatment to date has included physical therapy; chiropractic treatment; Fioricet; naproxen and Flexeril. The request was for 8 additional chiropractic sessions 2 times a week for 4 weeks for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional chiropractic sessions 2 times a week for 4 weeks for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Head-Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program

and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and left shoulder pain. Previous treatments include medications, physical therapy, and chiropractic. Reviewed of the available medical records showed the claimant completed 6 chiropractic visits with improvement in neck symptom, increased in passive cervical motion, improved in dizziness and balance problem. Based on the guidelines cited, there are evidences of functional improvement, thus, the request for additional 8 chiropractic sessions is medically necessary.