

Case Number:	CM15-0119301		
Date Assigned:	06/29/2015	Date of Injury:	05/02/2011
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
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, Minnesota
 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 65-year-old female, who sustained an industrial injury on 05/02/2011. On provider visit dated 05/18/2015 the injured worker has reported chronic neck and lower back pain. On examination of the cervical spine and shoulder revealed a decreased range of motion and tenderness to palpation in the bilateral trapezii. The diagnoses have included chronic neck pain with flare up, tension headaches, and cervical degenerative disc disease and myofascial pain syndrome with flare up. Treatment to date has included medication Tramadol, Flexeril and Diclofenac. The provider requested chiropractic 2X4 weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2X4 weeks to the Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58, 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic 2 times per week for 4 weeks or 8 treatments to the cervical spine without evidence of objective functional improvement from prior chiropractic treatment given to the patient. In addition, the request for treatment (2x4) is not according to the above guidelines (3x2) and therefore the request for treatment is not medically necessary and appropriate.