

Case Number:	CM15-0122051		
Date Assigned:	07/06/2015	Date of Injury:	02/28/2013
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/24/2015

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 male who sustained an industrial injury on 2-28-2013. He was loading a trailer and he got caught up on a large bundle of the rebar. He became off balanced and he landed and sustained an injury to his neck and upper back area. He has reported pain in the neck and arm and has been diagnosed with cervical radiculopathy and cervical stenosis. Treatment has included injections, chiropractic care, medications, physical therapy, and medical imaging. There was decreased range of motion to the cervical spine. There was mild pain with range of motion. There was no paraspinal musculature tenderness to palpation. There was pain with terminal range of motion to the thoracic spine. The treatment plan included chiropractic care and EMG/NCV of bilateral lower extremities. The treatment request included chiropractic therapy eight visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy or manipulations Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The MTUS guidelines did not make any recommendation regarding the manipulation quantity for neck pain. Therefore alternate guidelines have been sought. The Official Disability guidelines recommend a trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks for cervical strain. The records indicated that the patient has had chiropractic in the past. According to the progress report dated 5/22/2015, the provider reported that chiropractic was provided to the patient and the patient had some improvement with it. However, there was no objective documentation of functional improvement from prior chiropractic therapy. Therefore, the provider's request for 8 chiropractic therapy is not medically necessary at this time.