

Case Number:	CM15-0145532		
Date Assigned:	08/06/2015	Date of Injury:	05/13/2015
Decision Date:	11/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 46 year old female, who sustained an industrial injury on May 13, 2015. She reported left shoulder pain, cervical spine pain and thoracic spine pain. The injured worker was diagnosed as having cervical sprain and strain, neck sprain and thoracic sprain and strain. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, occupational therapy, medications and work restrictions. Currently, the injured worker continues to report left shoulder pain, cervical spine pain and thoracic spine pain with decreased range of motion of the cervical spine and tenderness to palpation in all noted areas. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. Evaluation on July 6, 2015, revealed continued pain as noted. It was noted she was working at modified duty. It was noted she had attended physical therapy and occupational therapy as scheduled. It was noted she was taking her medications as prescribed. She noted the pain medications were not strong enough and she requested something stronger. Evaluation on July 10, 2010, revealed continued pain as noted. It was noted she was not feeling any better or worse since the last therapy visit. She noted feeling a little better with the home exercise plan and noted using heat on the thoracic spine. She rated her pain at 5-6 on a 1-10 scale with 10 being the worst. Evaluation on July 13, 2015, revealed continued pain rated at 5-6 on a 1-10 scale with 10 being the worst. She noted she had not improved or worsened since the last therapy visit. She reported having 6 previous chiropractic visits that helped. The RFA included requests for Chiropractic care once a week for 6 weeks for the cervical spine and was non-certified on the utilization review (UR) on July 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care once a week for 6 weeks for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 6 additional treatments was established. The claimant underwent 6 sessions of therapy with overall improvement. The report indicated that the claimant "is making steady progress and has started to regain function" following completion of 6 chiropractic treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Given the improvement noted as a result of the initial 6 treatments, medical treatment utilization schedule guidelines would support the requested 6 additional treatments. The initial denial indicated that the amount of treatment rendered this claimant prior to this request was not available. The most recent evaluation noted a past history of 6 chiropractic treatments with improvement. Given the residual complaints, 6 additional treatments can be considered appropriate.