

Case Number:	CM15-0178662		
Date Assigned:	11/04/2015	Date of Injury:	06/30/2013
Decision Date:	12/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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 41 year old female, who sustained an industrial injury on 06-30-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain or sprain, thoracic strain or sprain, right shoulder, elbow and wrist strain or sprain, right hand strain or sprain, and left foot strain or sprain. Medical records (06-15-2015 to 07-13-2015) indicate ongoing headaches, neck pain and stiffness, right shoulder pain, right elbow pain, right wrist pain, and left foot pain. Pain levels were not rated severity on a visual analog scale (VAS). Records did not address activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-13-2015, revealed decreased range of motion in the cervical spine, tenderness to palpation of the cervical paravertebral muscles, bilateral trapezii and bilateral upper trapezii, muscle spasms of the cervical paravertebral muscles and bilateral trapezii, pain with cervical compression, and bilateral shoulder pain with shoulder depression. Relevant treatments have included: chiropractic treatments, work restrictions, and medications. The previous chiropractic progress notes were not available for review, and the benefits or results of those treatments were not mentioned. The request for authorization (07-13-2015) shows that the following treatment was requested: 9 additional sessions of chiropractic treatment for the cervical spine. The original utilization review (08-24-2015) non-certified the request for 9 additional sessions of chiropractic treatment for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy to the cervical spine 3x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant presented with chronic neck pain. Previous treatments include medications, chiropractic, and home exercises. According to the available medical records, the claimant had completed 12 chiropractic visits with benefits. However, treating doctor progress report did not show any improvement in range of motion, no change in medications intake, and the claimant remained off work duty. Based on the guidelines cited, the request for additional 9 visits is not medically necessary due to no objective functional improvements with prior chiropractic visits.