

Case Number:	CM15-0020471		
Date Assigned:	02/10/2015	Date of Injury:	05/12/2014
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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 53-year-old male who sustained an industrial injury on 05/12/14. Initial complaints and diagnoses are not available. Prior treatments include medications and 14 Chiropractic treatments. Prior diagnostic studies are not discussed. Current complaints include discomfort in his back. In a progress note dated 12/19/14 the treating provider reports the plan of care to include continued Chiropractic care 2x4, a hydrocollator, and a massager. The requested treatment is Chiropractic care 2x4 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 of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 1/22/15 denied the request for additional Chiropractic care, 2x4 for the cervical spine citing CAMTUS Chronic Treatment Guidelines.

The reviewed medical records reflect 14 prior Chiropractic visits applied before the reexamination of 1/9/15. Reviewed records did not reflect a recent flare or exacerbation of cervical pain/impairment or findings of a progressive deficit that would support further Chiropractic care. The UR determination to deny further Chiropractic care 2x4 to the cervical spine was appropriate and supported by CAMTUS Chronic Treatment Guidelines that require objective clinical evidence of functional improvement prior to consideration of additional care. The reviewed records failed to provide clinical evidence of medical necessity by reporting functional improvement following the prior 14 sessions of Chiropractic care.