

Case Number:	CM15-0049332		
Date Assigned:	04/16/2015	Date of Injury:	04/01/2001
Decision Date:	05/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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 63 year old, male who sustained a work related injury on 4-1-01. The diagnoses have included cervical sprain and brachial neuritis. Treatments have included previous chiropractic treatments, home exercises and work duty modifications. In the PR-2 dated 2/6/15, the injured worker complains of intermittent, slight pain in his neck and right shoulder. He has intermittent numbness in his right shoulder and hand. He states previous chiropractic therapy gave him up to 40% overall improvement in neck pain which enabled him to gradually increase his activities of daily living and household chores. The treatment plan is to recommend additional chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The guideline recommends manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The guideline recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The patient has completed 12 chiropractic sessions. The provider reported that chiropractic treatments provided moderate relief, up to 40% overall improvement in neck pain. It enabled the patient to gradual increase activities of daily living and household chores up to 30 minutes. The patient had improvement in cervical lateral flexion and right rotation. Based on the documented of functional improvement, additional chiropractic treatments may be medically necessary. The provider's request for additional 8 chiropractic session is within the guidelines 18 visits. Therefore, the provider's request for 8 chiropractic sessions is medically necessary at this time.