

Case Number:	CM15-0068373		
Date Assigned:	04/16/2015	Date of Injury:	12/12/2003
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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, Minnesota
 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 71-year-old female, who sustained an industrial injury on 12/12/2003. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical degenerative disc disease, myofascitis, headache and radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care and medication management. In a progress note dated 3/16/2015, the injured worker complains of pain in the neck, left arm, left shoulder, left elbow and bilateral hands. The treating physician is requesting 8 additional chiropractic visits for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Visits for Neck Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(or neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested an additional 8 chiropractic visits for the neck over an unspecified period of time. The doctor has not documented objective functional improvement with the previous chiropractic care as well as the number of visits used for this recent flare-up. This request for 8 additional chiropractic visits is not according to the above guidelines and therefore the treatment is not medically necessary.