

Case Number:	CM15-0071487		
Date Assigned:	04/21/2015	Date of Injury:	09/05/2000
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/14/2015

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 59 year old female who sustained an industrial injury on 9/5/00. The mechanism of injury is unclear. She is currently experiencing a flare up her industrial injury consisting of severe neck pain and upper back pain on the right side and icing, pain medications and stretching exercises have not improved her symptoms. Specific pain medications were not available. Diagnoses include cervical intervertebral disc disorder; cervical radiculopathy. Treatments to date include icing, stretching exercises and pain medication. In the progress note dated 3/11/15 the treating provider's plan of care includes a request for a short period of specific local chiropractic adjustments and physiotherapy treatments to enhance joint integrity and minimize dysfunctional biomechanics. Eight sessions should resolve her flare up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the Cervical Spine 8 sessions: Upheld

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

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 3/24/15 denied the request for additional Chiropractic, 8 sessions, to manage the patient's cervical spine citing CAMTUS Chronic Treatment Guidelines. Reviewed records prior to this UR determination found evidence of applied Chiropractic care without documentation that care was responsible for any objective clinical evidence of functional improvement, the criteria for consideration of additional care. The reviewed medical records failed to establish the medical necessity for additional Chiropractic care to the cervical spine, 8 sessions with evidence required by the CAMTUS Chronic Treatment Guidelines of functional improvement of which none was provided. Therefore is not medically necessary.