

Case Number:	CM15-0072836		
Date Assigned:	04/23/2015	Date of Injury:	05/20/2014
Decision Date:	05/21/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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 40-year-old male, who sustained an industrial injury on 5/20/14. He reported initial complaints of a closed head injury, cervical and left shoulder. The injured worker was diagnosed as having cervicgia, pain/arthralgia (unspecified backache); closed head injury (intracranial injury of other and unspecified); cervical spinal stenosis; cervical radiculopathy (brachial neuritis or radiculitis NOS; lumbar radiculopathy (thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included physical therapy; chiropractic therapy; urine drug screening; medications. Currently, the PR-2 notes dated 1/21/15 indicate the injured worker recently returned to light duty and states he has overall improved. He denies headaches, neck pain or back pain. He describes intermittent headaches, which are relieved with rest or activity. He is able to tolerate his work-related duties without difficulty. The treatment plan includes increasing activities as tolerated and a return to work without restrictions. Subsequent notes indicate the injured worker complained of severe headaches with difficulty sleeping causing strains in the neck and back and the provider has requested twelve sessions of chiropractic treatment. The claimant has already had 18 chiropractic treatments with some improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of chiropractic treatment: 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 Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has already had 18 visits and was able to return to work. However, a request for 12 visits would exceed the 24-visit maximum and also the recommendations for 1-2 visits every 4-6 months. The provider should make a request within the recommended guidelines. Therefore further chiropractic visits as requested are not medically necessary.