

Case Number:	CM15-0076782		
Date Assigned:	04/28/2015	Date of Injury:	07/12/2014
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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 60 year old male, who sustained an industrial injury on 7/12/14. He reported a neck injury. The injured worker was diagnosed as having neck sprain, motor vehicle accident and probable facet syndrome. Treatment to date has included oral medications, 12 chiropractic treatments and activity restrictions. Currently, the injured worker complains of chronic neck pain with radiation to head causing headaches. He rates the pain 7/10. The injured worker states the chiropractic treatment has helped him the most with reducing pain and increasing range of motion. Physical exam noted restricted range of motion of neck with diffuse soreness along the paracervical musculature and into the facets at mid-level of neck. The treatment plan included a request for 6 more chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy cervical 2x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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 (and cervical spine) 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 has requested Chiropractic therapy for the cervical spine at 2 times per week for 6 weeks or 12 visits. The exact amount of previous chiropractic care for this flare-up and how the patient responded to the care using objective functional improvement is not documented. This request for care is not according to the above guidelines, and therefore the treatment is not medically necessary.