

Case Number:	CM15-0077392		
Date Assigned:	04/28/2015	Date of Injury:	08/25/2010
Decision Date:	07/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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 60-year-old female who sustained an industrial injury on 8/25/10. The injured worker was diagnosed as having cervical spine strain, cervical disc disease, cervical radiculopathy with myelopathy complex regional pain syndrome of the left upper extremity and left lower extremity, status post right shoulder arthroscopic decompression, anxiety and depression. Currently, the injured worker was with complaints of cervical spine pain. Previous treatments included status post cervical disc fusion, medication management and daily exercises. Previous diagnostic studies included a magnetic resonance imaging and computed tomography. The injured workers pain level was noted as 8/10. Physical examination was notable for tenderness to palpation to the cervical paraspinous muscles and facet tenderness noted along the C3-C7 levels. The plan of care was for chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation page(s): 58/59.

Decision rationale: The 4/14/15 UR determination denied further Chiropractic care to the patient cervical spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical report failed to identify the patient past history of Chiropractic care or any functional gains made with manipulative management. Additionally no diagnosis appears for the region of requested treatment leaving the overall medical necessity for additional Chiropractic care unnecessary and non-compliant with referenced CAMTUS Chronic Treatment Guidelines.