

Case Number:	CM15-0078339		
Date Assigned:	04/29/2015	Date of Injury:	09/25/2012
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
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: Chiropractic

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 45-year-old female, who sustained an industrial injury on September 25, 2012. She has reported hand pain, forearm pain, and wrist pain. Diagnoses have included neuritis, carpal tunnel syndrome, chronic depression, and chronic regional pain syndrome. Treatment to date has included medications, physical therapy, carpal tunnel release, imaging studies, and diagnostic testing. A progress note dated September 24, 2014 indicates a chief complaint of left hand pain, forearm pain, and wrist pain. The treating physician requested approval for an initial trial of 8 sessions of chiropractic physiotherapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2 times per week for 4 weeks for the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter.

Decision rationale: The records provided for review indicate that chiropractic treatment has not been provided for this patient's cervical spine injury. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks and with evidence of objective functional improvement, total of up to 18 sessions over 6-8 weeks. I find that the initial 8 chiropractic sessions requested to the cervical spine to be medically necessary and appropriate.