

Case Number:	CM15-0092829		
Date Assigned:	05/19/2015	Date of Injury:	08/26/1998
Decision Date:	06/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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

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/work injury on 8/26/98. She reported initial complaints of pain to both upper extremities, neck, mid back and bilateral shoulders due to cumulative trauma. The injured worker was diagnosed as having carpal tunnel syndrome and cervicalgia. Treatment to date has included medication and referral for chiropractic adjustments and massage. Diagnostic results were not available. Currently, the injured worker complains of a flare up of mid back pain and muscle spasms with neck stiffness and pain that was rated 6/10. Per the primary physician's progress report (PR-2) on 4/23/15, examination revealed restricted cervical spine range of motion, edema palpated in the cervical musculature rated 3+, cervical spine flexion of 40/60 degrees, extension 25/50 degrees, bilateral lateral flexion of 30/40 degrees, left rotation at 65/80 degrees, positive cervical compression on the right, cervical distraction on the right gives some relief, positive Tinel's and Phroman's at the right wrist. The requested treatments include (10) Chiropractic adjustment including extremity adjustment and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic adjustment including extremity adjustment and manual therapy Qty: 10:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60, 48. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck, Chiropractic Guidelines-Regional Neck Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 10 chiropractic treatments was not established. The claimant presented to the provider's office on 4/20/2015 complaining of an acute flare-up of his chronic complaints. Given the clinical findings on examination a course of treatment could be considered appropriate. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Medical treatment utilization schedule guidelines indicates that a total of 6 treatments could be considered appropriate. Upon peer review this request was modified to certify 2 treatments. However, the requested 10 treatments exceed this guideline. Therefore, the determination must be for non-certification. As noted above, a course of 6 treatments would have been consistent with MTUS guidelines. Therefore, the requested treatment is not medically necessary.