

Case Number:	CM15-0097527		
Date Assigned:	05/28/2015	Date of Injury:	06/27/2014
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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 (IW) is a 27-year-old male who sustained an industrial injury on 06/27/2014. Diagnoses include cervical radiculopathy and cervical strain. Cervical spine x-rays on 1/26/15 showed C3-4 and C5-6 spondylolisthesis. Electrodiagnostic testing of the bilateral upper extremities on 2/11/15 was normal. Treatment to date has included medications, cold application and physical therapy. According to the PR2 dated 4/21/15, the IW reported a 20% increase in neck pain since he was last seen. He described it as an aching pain in the left side of his neck that extended back into the shoulder blade where the pain is burning with a "pins and needles" sensation. The pain made it difficult to sleep. Physical therapy was minimally beneficial. On examination, range of motion was decreased in the cervical spine and the cervical paraspinals were tender to palpation. A request was made for a trial of chiropractic rehabilitative therapy twice weekly for four weeks for the cervical spine for pain reduction and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Chiropractic rehabilitative therapy 2 times a week for 4 weeks, c-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 Manual Therapy and Manipulation Page(s): 58, 59.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, manipulation of the low back (and neck) 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 requested a trial of 8 visits or 2 times per week for 4 weeks to the cervical spine. The request is not according to the above guidelines and therefore the treatment is not medically necessary.