

Case Number:	CM15-0098262		
Date Assigned:	05/29/2015	Date of Injury:	12/10/2010
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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 60 year old female, who sustained an industrial injury on 12/10/10. The injured worker was diagnosed as having cervical radiculopathy, neck pain and chronic pain syndrome. Treatment to date has included oral medications, epidural injections and activity restrictions. (EMG) Electromyogram studies revealed cervical radiculopathy. Currently, the injured worker complains of continued pain in neck. She is currently not working. Physical exam noted cervical spine tenderness at paracervical muscles and full free motion of upper and lower extremities. Request for authorization was submitted for epidural steroid injections, shockwave treatment and chiropractic treatment. The PTP is requesting an initial trial of 12 sessions of chiropractic care to cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times 6 weeks to spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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

Decision rationale: The patient has not received chiropractic care for his cervical spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Neck & Upper Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines Neck and Upper Back Chapter recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." The requested number of sessions far exceeds the MTUS recommended number. I find that the 12 initial chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.