

Case Number:	CM13-0056179		
Date Assigned:	12/30/2013	Date of Injury:	09/15/1999
Decision Date:	09/11/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

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 55 year old female, who sustained an industrial injury on 9-15-99. The injured worker was diagnosed as having cervical facet syndrome, right lateral epicondylitis, right ulnar neuropathy, right medial epicondylitis, spasm of muscle, and anterior cervical fusion at C5-6 and C6-7 in 2001. Treatment to date has included cervical medial branch radiofrequency neurotomies, cervical facet nerve blocks, chiropractic treatment, acupuncture and medication. The treating physician noted decreased frequency of migraine headaches and walking more frequently after chiropractic treatment. Currently, the injured worker complains of neck pain, tingling to the left shoulder, and right elbow pain. The treating physician requested authorization for six additional chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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 November 19, 2015 utilization review document denied the treatment request for six additional chiropractic sessions citing CA MTUS treatment guidelines. The reviewed medical records documented functional improvement following prior chiropractic utilization but the use of opioids was not diminished. The medical necessity for continued chiropractic care, six visits was not supported by the reviewed medical records or the referenced CA MTUS chronic treatment guidelines.