

Case Number:	CM14-0154886		
Date Assigned:	09/24/2014	Date of Injury:	01/11/2014
Decision Date:	12/31/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is reported to be a 43 year old female preloader for [REDACTED]. On 1/11/14 her van lost control and rolled on its side throwing the patient about the interior. [REDACTED] was her original provider prior to her current primary physician [REDACTED]. On 8/5/14 [REDACTED] requested additional Chiropractic care, 6 sessions to manage reported cervical and lumbar spine pain; scapular pain was also reported. Functional deficits were reported as imaging findings of cervical spine HNP with nerve compression and lumbar radiculopathy. On 9/2/14 a UR determination was issued denying the request for an additional 6 Chiropractic visits. The reviewer stated the past medical history included extensive prior therapeutic measured including Chiropractic care. The reviewed found no prior reports addressing functional restoration or improvement specifically no outcomes assessment, measurable clinical data or other functional data indication that the patient was having desired outcome form Chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions 2 times a week for 3 weeks (qty 6) to the thoracic and lumbar spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-9,Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The patient has been a treating patient of [REDACTED] since 3/21/14 receiving an unknown number of Chiropractic visits for reported chronic cervical, thoracic and lumbar sprain, headache, rib pain and radiculopathy. A review of multiple PR-2's from [REDACTED] which requested additional Chiropractic care were not reflective of any reportable objective functional improvement in activities of daily living, alteration in medical management or return to work status. The 8/5/14 request for additional care, 6 visits was again not accompanied by any clinical evidence that prior applied Chiropractic care lead to any measurable functional improvement required by the referenced CAMTUS Chronic Treatment Guidelines. This request is not medically necessary.