

Case Number:	CM14-0171054		
Date Assigned:	10/23/2014	Date of Injury:	02/11/2008
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Board Certified in Chiropractic; has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 57 year old female who was injured on 6/1/06 (to 3/1/08) due to cumulative trauma job injuries. She had injuries to her neck, low back, bilateral shoulders and wrists. Her primary diagnosis for this treatment request is lumbar IVD syndrome. According to the records she has had surgery on her left shoulder on 11/10/12. She has received prior treatment of medications, injections(epidural & facet blocks), and chiropractic care with no specific amounts of previous care or how the patient responded to the treatment using objective measurable gains. There apparently were MRI's completed on the low back and shoulders but the reports were not available for review. The patient received a WPI of 36%. The doctor is requesting Chiropractic treatment of 2 times per week for 6weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks to the thoracic/lumbar spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) and the ODG Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The amount of the requested visits is not according to the above MTUS guidelines. According to the MTUS chronic pain guidelines the doctor must give "objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." These objective gains have not been given in the records. Also the previous amount of care and how the patient has responded needs to be given in order to receive more treatment. Therefore the chiropractic treatment is not medically necessary as requested.