

Case Number:	CM14-0076550		
Date Assigned:	07/18/2014	Date of Injury:	10/03/2013
Decision Date:	08/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 and 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 Claimant is a 29-year-old female who sustained a work related injury on 10/3/2013. Prior treatment includes dental, chiropractic, physical therapy, and cortisone injection. Her diagnoses are concussion, cervical sprain/strain, lumbar strain/strain, cervical disc syndrome, lumbar disc syndrome, cervical radiculitis, lumbar radiculitis, and lumbar vertebral myospasms. Per a PR-2 dated 4/13/14, the claimant's condition has flared up due to the treatment being less frequent. She feels inflamed and constant aching in the low back. She gets migraines and muscle spasms. Bending forward hurts the most. She is unable to sit/stand for too long. Neck is painful so movement hurts more. She feels like upper vertebrae are pinching. She is unable to sleep well and she is constantly tossing and turning. She is currently not working. Per a report dated 6/17/2014, stated that she had chiropractic in 2013, which provided some relief. She then treated with [REDACTED] another chiropractor in 2014 that provided 3 months of chiropractic with some relief of symptoms. She has received approximately 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy Treatments to the Cervical and Lumbar Spine for twelve (12) sessions: Upheld

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

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

Decision rationale: According to evidenced based guidelines, chiropractic is recommended first as a trial and with functional improvement up to a total of 18 visits over 6-8 weeks. If return, to work is achieved and 1-2 visits are recommended every 4-6 months. The claimant reports improvement with chiropractic; however, she has had extensive treatment already. The claimant has had over 24 chiropractic visits for this injury and approximately 24 since the beginning of the year. 12 further sessions of chiropractic is excessive and exceeds recommended guidelines. Therefore, he request is not medically necessary.