

Case Number:	CM14-0185767		
Date Assigned:	11/13/2014	Date of Injury:	08/11/2010
Decision Date:	01/08/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 a licensed Chiropractor 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 51-year-old female who was involved in a work injury on 8/11/2010. The injury was described as "while pushing a patient on a wheelchair she sustained a work-related injury involving her cervical spine, lumbar spine, right hip and right leg. She states that they were moving down a step when her patient suddenly moved and they lost balance. They both fell and she landed on the floor hitting her head, lumbar spine, right hip and right leg. Her patient also fell on top of her causing more impact in pain." The claimant was taken by emergency personnel to the local emergency room where she was evaluated. The claimant has undergone extensive course of treatment including medication, pain management, and therapy. On 5/29/2014 the claimant underwent an initial chiropractic evaluation with [REDACTED] for complaints of neck and lower back pain. The recommendation was for a course of chiropractic treatment. The claimant was authorized 6 sessions of chiropractic treatment. Overall the claimant has received 12 chiropractic treatments. On 5/29/2014 the claimant underwent an initial acupuncture evaluation. The recommendation was for acupuncture one time per week for 6 weeks. On 9/26/2014 the claimant was re-evaluated by [REDACTED], nurse practitioner, for [REDACTED], for complaints of neck, arms, back, and right leg pain. The report indicates that the claimant "had an exacerbation of her pain. She stopped the Neurontin 5 days ago because she felt that her pain was worse with it. Since then, her pain has been a little better without it. She still has 3 sessions of chiropractic remaining." The recommendation was "authorization for her to have pool therapy QW for 8 weeks. She should start this after she completes the chiropractic sessions." Overall the claimant has received 12 chiropractic treatments. A request for 8 additional chiropractic treatments was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Therapy back 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The medical necessity for the requested 8 additional chiropractic treatments was not established. The claimant underwent 12 sessions of chiropractic treatment with no evidence of significant improvement. According to the 9/26/2014 supplemental pain management progress report there is no evidence of improvement. In fact, there was indication of increased pain. At that time the claimant was completing her course of chiropractic treatment. The recommendation was for the claimant to participate in an aquatic therapy program following completion of the chiropractic treatment. The requested aquatic therapy was certified. Given the absence of quantifiable functional improvement as a result of the initial course of chiropractic treatment, the medical necessity for the requested 8 additional treatments was not established.