

Case Number:	CM14-0199274		
Date Assigned:	12/09/2014	Date of Injury:	09/17/2010
Decision Date:	03/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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: Ohio

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:

Claimant is a 56 year old female who sustained a work related injury on 9/17/2010. The mechanism of injury is described as cutting her hand on a lid while picking up trash resulting in tendon and nerve damage. Previous treatment has included medications, chiropractic, medications, acupuncture, right thumb repair, digital nerve repair, gastrointestinal consult, physical therapy, EMG/NCV, MRI, and x-rays. Progress report to the primary treating physician dated 9/8/14 notes that 23 visits of chiropractic have been completed. Pr2 dated 10/13/14 notes that the claimant has constant sharp lumbar pain that is rated 6 out of 10. There is pain with twisting and chiropractic helps briefly. UR decision dated 10/31/14 non-certified chiropractic therapy 3 times a week for 2 weeks citing the lack of functional improvement and MTUS Chronic pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, three times weekly for two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely.

Decision rationale: Based on the file presented the injured worker has already received at least 27 chiropractic visits. MTUS chronic pain guidelines note that with objective functional improvement a total of 18 visits over 6-8 weeks would be appropriate. Due to the lack of objective functional improvement and the treatment request far exceeding MTUS guidelines the request for chiropractic 3 times a week for 2 weeks is not medically necessary.