

Case Number:	CM14-0202586		
Date Assigned:	12/15/2014	Date of Injury:	02/13/2001
Decision Date:	02/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/03/2014

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 Chiropractor (DC), 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 injured worker is a 54 year old female who reported neck and low back pain from injury sustained on 02/13/01. Mechanism of injury is not documented in the provided medical records. Patient is diagnosed with cervical spondylosis, cervical disc degeneration, cervical spinal stenosis, lumbar degenerative disc disease, chronic depression, and chronic pain syndrome. Patient has been treated with medication, physical therapy, epidural injection and chiropractic. Per medical notes dated 10/29/14, patient complains of neck and low back pain. Patient states her headache, neck with upper arms and low back pain is rated at 2-4/10 with medication and 7-8/10 without medication. Patient reports that an epidural injection administered on 08/13/14 provided significant relief. Patient reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within manageable level to allow patient to complete necessary activities of daily living. Provider requested additional 6 chiropractic sessions which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 6 visits for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 63.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 chiropractic visits are not medically necessary.