

Case Number:	CM14-0207828		
Date Assigned:	12/19/2014	Date of Injury:	11/15/2013
Decision Date:	03/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 33 year old female who sustained a work related injury on 11/15/13. The mechanism of injury is not provided in the documentation submitted. Previous treatments received are not within the documentation presented. PR2 dated 10/24/14 notes that the frequency, duration, intensity of headaches, neck upper back, and low back pain, spasms, and stiffness still vary at this time, but overall less pain with chiropractic care. Pain is rated a 5 out of 10. Pain increases with prolong activities of daily living, cold air, sleeping position. Objective findings are moderate bilateral paraspinal sustained muscular hypertonicity associated with few persistent areas of point tenderness and multiple fixations throughout the cervical, upper thoracic and lumbar spine. Range of motion is improving 80\100% upon all ranges with C1-T5 and L3-S1 pain end ranges. Diagnoses include cervical and lumbar spine IDV, cervical, thoracic, and lumbar sprain, Myospasm, and degenerative disc disease. UR decision dated 11/12/14 notes that the injured worker has received 18 visits to date. The request for chiropractic 1 time a week for 8 weeks was non certified citing lack of objective improvement with previous treatment, lack of documentation supporting functional deficits, functional goals, and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic adjustments with adjustive physiotherapy, once weekly for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, and table 8-1.

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

Decision rationale: The injured worker has received 18 visits of chiropractic therapy with no documentation of objective functional improvement support medical necessity. Further MTUS guidelines state that up to 18 visits can be approved with evidence of objective functional improvement. Due to the request exceeding the guidelines recommendation of 18 total visits and the lack of objective functional improvement the request for chiropractic adjustments with adjustive physiotherapy once weekly for eight weeks in not medically necessary.