

Case Number:	CM14-0212194		
Date Assigned:	01/02/2015	Date of Injury:	06/11/2012
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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: California

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 32 year old female who sustained a work related injury on 6/11/2012. Per a Pr-2 dated 11/7/2014, the claimant has neck and left arm pain and back and left leg pain. She is status post CESI with minimal benefit to date. She has received chiropractic treatment in the past with benefit including increased range of motion and decrease in pain and stiffness. Her diagnoses are cervical degenerative disc disease, cervical radiculopathy consistent with C5 distribution, lumbar degenerative disc disease, lumbar radiculopathy consistent with S1 distribution, chronic cervical neck and lumbar pain associated facet osteoarthritis. Examination finds severe tenderness and tightness and inability to perform examination in cervical spine. Tightness and tenderness in the lower lumbar spine, restricted range of motion, and positive straight leg raise. There is also hypoesthesia and dyesthesia over posterolateral left arm and leg. Deep tendon reflexes are +1 bilaterally. Prior treatment includes medication, work modification, acupuncture, chiropractic, physical therapy, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical and lumbar spine (1 time per week for 10 weeks):

Upheld

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

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, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no objective functional improvement. Therefore further visits are not medically necessary.