

Case Number:	CM15-0002143		
Date Assigned:	01/13/2015	Date of Injury:	07/25/2014
Decision Date:	03/09/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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:

The injured worker is a 39 year old male, who sustained an industrial injury on July 25, 2014. The diagnoses have included cervical spine sprain/strain with bilateral upper extremity radicular symptoms and lumbar spine sprain/strain with bilateral sciatica and bilateral shoulder sprain/strain. Treatment to date has included oral pain medication and Non-steroidal anti-inflammatory drug, electromyogram which was negative of bilateral upper extremities, Chiropractic care unknown number of sessions. Currently, the injured worker complains of cervical spine pain, and lumbar spine pain continues to have bilateral radicular pain and bilateral shoulder pain is mild and improving. The physician on December 15, 2014 reports the injured worker had decreased pain and increased mobility with Chiropractic care. Functional gains in ADL's, modification of work status or lessening in the need for medical management was not addressed. On December 26, 2014, Utilization Review non-certified a Chiropractic treatment two times a week for three weeks to cervical and lumbar spine, noting the Medical Treatment Utilization Schedule Guidelines. There was no documentation of functional improvement from prior Chiropractic care resulting in a denial of requested Chiropractic care. On December 18, 2014, the injured worker submitted an application for IMR for review of Chiropractic treatment two times a week for three weeks to cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x3 for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The 12/15/14 PR-2 from the treating physician reports the patient with improving range of motion and decreased pain despite a continuing report that the patient continues with bilateral upper and lower extremity radicular complaints. Improvement is not measured in comparative VAS scoring or objective evidence of functional improvement. 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. The UR determination of 12/26/14 denied further Chiropractic care based on a failure of the reporting physician to address medical necessity for additional care based on evidence of functional improvement with prior Chiropractic care application. The determination was appropriate and supported by CAMTUS Chronic Treatment Guidelines.