

Case Number:	CM15-0002594		
Date Assigned:	01/13/2015	Date of Injury:	12/10/2010
Decision Date:	03/30/2015	UR Denial Date:	12/08/2014
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

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 60 year old female who sustained an industrial injury on 12/10/2010. She has reported a slip and fall, hitting the back of the head causing head and back pain. The diagnoses (per the Utilization Review) have included lumbar radiculopathy with chronic pain syndrome. Treatment to date (per the Utilization Review) has included physical therapy, acupuncture, trigger point injections and medication management. Currently on 11/13/2014, the IW complains of calf tingling, bladder issues and pain in the neck and upper and lower back. The treatment plan included 12 visits of chiropractic care for the cervical, thoracic and lumbar spine. Treatment plan included 12 visits of chiropractic care for the cervical, thoracic and lumbar spine. On 12/9/2014, Utilization Review non-certified 12 visits of chiropractic care for the cervical, thoracic and lumbar spine, noting the lack of documented functional improvement from prior sessions. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the Cervical, Thoracic and Lumbar Spine - 12 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, it appears that the claimant has received chiropractic treatment prior to this request. The amount of chiropractic treatment rendered this claimant, and the response to that treatment was not available. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.