

Case Number:	CM15-0005512		
Date Assigned:	01/16/2015	Date of Injury:	07/02/2008
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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 53 year old female, who sustained an industrial injury on 7/02/2008, resulting in chronic pain to multiple body parts. The diagnoses have included cervical sprain/strain, chronic lumbar sprain/strain, and depressive disorder. Treatment to date has included surgical intervention and conservative treatment. Chiropractic care note, dated 2/14/2012, noted re-evaluation after 5 visits with an additional 8 visits requested. The examination did not specify the extent of "some improvement". Chiropractic care note, dated 5/11/2012, noted re-evaluation after a total of 12 visits, again with "some improvement". She reported feeling 30% better, a decrease in the frequency of headaches, and a decrease in the frequency and duration of continued neck and back pain. On July 25, 2012, after a total of 26 chiropractic visits, supportive chiropractic care sessions were requested. The chiropractic visit note, dated 1/25/2013, noted that the injured worker reported "feeling better when receiving chiropractic care". Progress report dated 12/15/2014, the injured worker complains of neck and back pain, noting rest and pain medications give temporary relief and "chiropractic care helps". Pain was rated 6-8/10. Objective findings noted increased range of motion, cervical and lumbar spine. Decreased spinal tenderness upon palpation was documented. Kemp's test produced pain at L5-S1 bilaterally. On 12/24/2014, Utilization Review non-certified a request for chiropractic manipulation x6, citing lack of compliance with MTUS Chronic Pain and Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with ongoing neck and back pain despite previous surgical intervention and conservative treatments. Reviewed of the available medical records showed the claimant has had chiropractic treatments with no document of objective functional improvement. The claimant continued to complaint of 6-8/10 pain. Current request is for six to ten visits once/week to twice a month. Based on the guidelines cited, the requested chiropractic treatment is not medically necessary due to lack of objective functional improvement with prior chiropractic treatments and ongoing/maintenance care is not recommended by the guidelines.