

Case Number:	CM15-0007517		
Date Assigned:	01/22/2015	Date of Injury:	05/22/2014
Decision Date:	03/11/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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, Minnesota
 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 51 year old female who was injured on 5/22/14 during the course of employment as a cook/cashier when she twisted while cleaning a Pizza cooler and felt back pain. Was referred to a Podiatrist for metatarsalgia and related issues. The patient was diagnosed with the following spinal DX: Cervical spine pain, strain/sprain & r/o cervical discopathy, thoracic myospasm, pain, strain/sprain, & r/o discopathy, Lumbar pain, myospasm, radiculitis, strain/sprain, r/o discopathy. The thoracic and lumbar spine MRI's were normal. Thoracic and lumbar spine x-rays revealed a thoraco-lumbar scoliosis. Cervical spine x-rays revealed DJD at C3-4 & C4-5. The cervical spine MRI revealed reversal of the cervical curve and DJD of the entire cervical spine, C4-5 broad-based disc protrusion: neutral 3.0mm, Flexion & extension 3.4mm; C3-4 diffuse disc protrusion: neutral 2.1mm, Flexion & Extension 1.9mm. Prior treatment has consisted of meds, physical therapy, and chiropractic. The amount of care and how the patient responded to care is not documented using objective measurable gains in functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x wk x 4 wks Cervical, Thoracic, Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(cervical & thoracic also) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested Chiropractic treatment 3xper week for 4 weeks or 12 visits which is not according to the above guidelines and therefore is not medically necessary. Also the doctor must document objective functional improvement in order to receive more treatment.