

Case Number:	CM15-0009347		
Date Assigned:	01/27/2015	Date of Injury:	09/17/1999
Decision Date:	03/30/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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 71 year old female with a date of injury as 09/17/1999. The current diagnoses include fibromyalgia, hypothyroidism, severe degenerative lumbar scoliosis, cervical spondylolisthesis with multilevel disc space narrowing, and depressive disorder. Previous treatments include medications, acupuncture, and chiropractic therapy. Report dated 11/13/2014 noted that the injured worker presented with complaints that included increasing neck pain with radiation to the left shoulder. The injured worker stated that she had improvement in symptoms with prior chiropractic treatment. Physical examination revealed a slight forward head stance, limited range of motion in the cervical spine, positive axial head compression, and mild left upper extremity weakness. The physician noted that the request for additional chiropractic treatments was due to a flare-up of cervical pain. The amount of the previously prescribed chiropractic therapy was not include, nor were any progress notes from prior treatments. Report dated 08/21/2014 the physician noted that the injured worker has benefited from chiropractic therapy in the past, but a detailed evaluation of the benefits was not provided. The injured worker is permanent and stationary. The utilization review performed on 12/15/2014 non-certified a prescription for chiropractic treatment for increasing cervical spine pain, 12 visits based on no significant functional deficits that would support the need for continued supervised therapy, nor was there any documentation to support objective functional benefits from prior sessions. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; twelve (12) visits, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding ma.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The submitted documentation does indicate that in the past the claimant has received chiropractic care and has responded favorably. 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. A modification of the request to certify an initial trial of 6 treatments would have been appropriate. However, given the fact the request is for 12 treatments, the determination is for noncertification.