

Case Number:	CM15-0009727		
Date Assigned:	01/28/2015	Date of Injury:	08/17/2000
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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 62 year old female, who sustained an industrial injury on 8/17/2000. She has reported neck and back pain. The diagnoses have included brachial neuritis/radiculitis, cervicgia, other nerve root and plexus disorders, myalgia and myositis. Treatment to date has included medication, diagnostics and chiropractic. Currently, the injured worker complains of residual recurring symptoms related to neck and back. The pain in the neck and back was rated 4/10 and are aggravated with bending, lifting and sitting. Physical exam revealed decreased thoracic flexion and extension with pain. There were moderate spasms apparent in the cervical musculature. She was mildly guarded throughout. There were moderate trigger points noted over lower back and mild trigger points over the neck. There was rigidity in the mid back and neck. There were moderate tender taut fibers noted over the thoracic and cervical musculature upon palpation. The injured worker has had chiropractic sessions with motorized traction, hot packs, manipulation, therapeutic exercise and trigger point therapy. On 1/7/15 Utilization Review non-certified a Chiropractic treatment for the cervical and lumbar spine, 4 sessions over 90 days, noting the complaints are in the neck and upper back and the guidelines do not recommend treatment for maintenance therapy. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the cervical and lumbar spine, 4 sessions over 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 low back pain. Reviewed of the available medical records showed she has had chiropractic treatments 1-2 times a month in the past 4 months. There is no document of recent flare-up, and MTUS guidelines do not recommend maintenance care. Therefore, the request for 4 chiropractic treatment as needed over the next 90 days is not medically necessary.