

Case Number:	CM15-0104658		
Date Assigned:	06/09/2015	Date of Injury:	09/02/2008
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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, Oriental Medicine

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 September 2, 2008. The injured worker was diagnosed as having cervical sprain and lumbar sprain/strain. Treatment to date has included chiropractic treatments, acupuncture, electromyography (EMG), MRI, physical therapy, and medication. Currently, the injured worker complains of cervical spine, upper back, lower back, difficulty sleeping, and depression, stress, and anxiety. The Primary Treating Physician's report dated April 28, 2015, noted the injured worker had completed trial of chiropractic treatments, reported to be very beneficial, reducing the restricted range of motion (ROM) in her cervical spine and reduced her headaches. Physical examination of the cervical spine was noted to show spasm present in the paraspinal muscles with tenderness to palpation, reduced sensation in bilateral hands, and restricted range of motion (ROM). Shoulder inspection was noted to show tenderness to pressure over the joint with restricted range of motion (ROM), and positive bilateral impingement sign. The lumbar spine was noted to have spasm and tenderness to palpation of the paraspinal muscles with restricted range of motion (ROM), and positive right sitting straight leg raise. The injured worker's medication was listed as Butalbital-ASA-Caffeine. The treatment plan was noted to include requests for authorization for the medication, discontinuation of Gabapentin, and chiropractic care for the cervical spine, lumbar spine, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 3 times a week for 4 weeks to the cervical spine, lumbar spine and bilateral shoulders: 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 : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/6/15 denied the treatment requests for Chiropractic care, 3x4 to the cervical, thoracic and lumbar spine regions citing CA MTUS Chronic Treatment Guidelines. The physician's report of 4/28/15 reported that prior Chiropractic care led to benefit but failed to support functional improvement with objective evidence of functional improvement per CA MTUS Chronic Treatment Guidelines. The reviewed medical records did not report the medical necessity for continued utilization of manipulative care to the patient's cervical, thoracic and lumbar spines or comply with referenced CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.