

Case Number:	CM15-0140091		
Date Assigned:	07/29/2015	Date of Injury:	06/21/2014
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 63 year old woman sustained an industrial injury on 6-21-2014. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 7-21-2014. Diagnoses include lumbar intravertebral disc syndrome, lumbar spine sprain-strain, lumbar dysfunction, sacroiliac joint dysfunction, thoracic segment dysfunction, muscle spasms, right shoulder pain, and adhesive capsulitis of the right shoulder. Treatment has included oral medications, physical therapy, chiropractic care, and surgical intervention. Physician notes dated 6-29-2015 show complaints of right upper shoulder pain rated 5-8 out of 10 and lumbar spine pain rated 5-8 out of 10. Recommendations include MR arthrogram of the shoulder, neurosurgery consultation, additional chiropractic care, continue pain management, and follow up after arthrogram and neurosurgical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 6 visits Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 7/2/15 denied the request for additional Chiropractic care to the patient's lower back, and additional 6 sessions, citing CAMTUS Chronic Treatment Guidelines. The patient's medical history of manipulative care includes 12 sessions prior to this request. The care is reported as chronic case management with no reference of interim flare or exacerbation. Documentation of functional improvement was not provided. The medical necessity of continued Chiropractic manipulation, 6 additional sessions was not found in the medical records or supported by the referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.