

Case Number:	CM15-0140435		
Date Assigned:	07/30/2015	Date of Injury:	03/06/2014
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
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:

The injured worker is a 42 year old female, who sustained an industrial injury on 3-06-2014, resulting from cumulative trauma. The injured worker was diagnosed as having cervical herniated nucleus pulposus with associated cervicogenic headaches and right upper extremity radiculopathy, lumbar herniated nucleus pulposus with left lower extremity radiculopathy, medication induced gastritis, and moderate right carpal tunnel syndrome. Treatment to date has included diagnostics, unspecified chiropractic with physiotherapy modalities, epidural steroid injections, trigger point injections, and medications. Currently, the injured worker complains of ongoing low back pain, with radiation down her left lower extremity. She also reported neck pain, mostly on the right, with radicular symptoms into the right upper extremity. Medication use included Norco, which caused pruritis. Other medications included Ultracet, Anaprox, Neurontin, and Prilosec. It was documented that her low back pain had progressively worsened, despite extensive conservative management. She was not working. The treatment plan included continued chiropractic treatment with physiotherapy modalities, documented as beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy modalities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments and reported "benefit"; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional chiropractic sessions with physiotherapy which were denied by the utilization review. Requesting provider did not specify the quantity of treatment requested. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional Chiropractic visits are not medically necessary.