

Case Number:	CM15-0149381		
Date Assigned:	08/12/2015	Date of Injury:	08/18/2010
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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, Minnesota
 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 63-year-old female, who sustained an industrial injury on 8-18-2010, resulting from a fall. The injured worker was diagnosed as having sprain of unspecified site of back. Treatment to date has included diagnostics, chiropractic, physical therapy, and medications. Many documents within the submitted medical records were handwritten and difficult to decipher. Many documents within the submitted medical records were undated. It is noted that the injured worker complains of cervical spine pain rated 7 out of 10, with positive bilateral shoulder arch, increased pain on lateral head turning, and positive weakness and dropping items. She reported bilateral shoulder pain, right greater than left and rated 7 out of 10, increased with reaching and lifting. She reported lumbar pain rated 6 out of 10, with radiation to both lower extremities, with positive numbness, tingling, and weakness. Bilateral knee pain, right greater than left was rated 8 out of 10, and associated with popping, clicking, giving out, and locking up. Functional change was noted as improved since last examination but was not detailed. Current treatment included 12 chiropractic treatments and 24 physical therapy sessions. Medication regimen was not noted. Work status remained modified. The treatment plan included chiropractic, 2 x 3, for the cervical and lumbar spines and bilateral shoulders. A chiropractic progress report (5-26-2015) noted completion of 12 sessions. No significant improvement was noted in pain levels or range of motion measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 3 for cervical spine, lumbar spine, and bilateral shoulders: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested Chiropractic 2 x 3 or 6 visits for the cervical spine, lumbar spine and bilateral shoulders. The patient apparently has had 12 prior chiropractic sessions and 24 physical therapy sessions since her injury date of 8/18/10. The request for treatment (6) of the cervical and lumbar spine is within the above guidelines (6) for this flare-up and therefore the requested treatment is medically necessary and appropriate.