

Case Number:	CM15-0161224		
Date Assigned:	08/28/2015	Date of Injury:	09/17/2003
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/15/2015

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, Montana

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 55 year old female, who sustained an industrial injury on 9-17-03. Initial complaints were not reviewed. The injured worker was diagnosed as having disorders of the sacrum; cervicalgia; pain in the thoracic spine; joint pain-shoulder. Treatment to date has included physical therapy; chiropractic therapy; medications. Currently, the PR-2 notes dated 7-11-15 indicated the injured worker complains of neck pain-cervical pain rated at intensity of 9 out of 10 and the symptoms have been persistent 100% of the day since 2-19-15. The pain is described as aching and radiates down the left pulling on the left side. She reports improvement with chiropractic visits. She also reports left shoulder symptoms with intensity of her pain and symptoms as 9 out of 10 and present since onset 2-19-15. The symptoms are persistent 100% of the day and described as aching and radiating down the left shoulder. She reports mid back pain and thoracic pain rated at 5 out of 10 and present since 2-19-15 reported as 100% of the day and described as aching. She also has a flare-up on 7-9-15 while doing dishes. The provider documents a physical examination and notes her overall prognosis as guarded and complicating factors are severity in pain. PR-2 notes dated 2-21-15 were reviewed to research the possible new injury or flare-up described for date 2-19-15. There is no documentation that describes a new injury or flare-up resulting in the described pain and intensity of pain from date 2-19-15. The provider is requesting authorization of 6 Chiropractic office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web-based edition.

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. Provider reported flare-up of symptoms for which the provider requested additional 6 chiropractic sessions for which were modified to 1 visit per utilization review. Per MTUS guidelines reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Requested visits exceed the quantity supported by cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 6 Chiropractic visits are not medically necessary.