

Case Number:	CM15-0165901		
Date Assigned:	09/03/2015	Date of Injury:	02/09/2013
Decision Date:	10/06/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/24/2015

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 53-year-old female who sustained an industrial injury on 02-09-2013. Mechanism of injury was a slip and fall, and a motor vehicle accident on 06-24-2015. Diagnoses include exacerbated chronic cervical spine sprain, and exacerbated chronic thoracic-lumbar sprain, and multilevel disc disease of the cervical and lumbar spine per MRIs. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, and diagnostic facet blocks of the cervical spine. She is not working. Medications include Motrin, Soma, Voltaren and Tramadol. A physician progress note dated 06-17-2015 documents the injured worker complains of cervical and lumbar spine pain and left knee and ankle pain. Her neck pain is rated 7-8 out of 10 and it is constant and severe. Her lower back pain is rated 8-9 out of 10 and it is worsening, and her left ankle pain is 7-9 out of 10 and it is worsening. She has tenderness over the bilateral upper trapezius muscles with spasms. There is full cervical range of motion. She has lumbar spine tenderness and spasm over the lower bilateral paraspinal muscles. Range of motion is limited and bilateral sitting straight leg raise is positive in the left lower extremity. Her left knee is tender to palpation and range of motion was full. A physician progress note dated 06-24-2015 documents the injured worker has decreased range of motion of the cervical and lumbar spine. She has hypersensitivity and hypermobility in the cervical and thoracic spine, along with muscle guarding. Lumbar spine range of motion is limited and there is a positive Milgram's and Kemp's bilaterally and a positive Lasegue at 10 degrees on the right. There is hypersensitivity to palpation the lumbar segmental levels at L2-L3, L3-L4, L4-L5 and L5-S1. There is also muscle guarding on the right at L2-L3- L3-L4, L4-L5, and L5-S1, and

associated paravertebral muscles. Treatment requested is for Chiropractic treatments, quantity: 8 sessions over 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments, quantity: 8 sessions over 30 days: Upheld

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

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; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792. 20 et seq. Effective July 18, 2009; 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The utilization review document of July 20, 2015 denied the treatment request for additional chiropractic care, eight visits over 30 days to manage the patient's residual neck, shoulder, lower back, left ankle and foot residuals citing CA MTUS chronic treatment guidelines. The reviewed medical records reflect treatment application with physical therapy and chiropractic care with no reported objective measurable benefit especially with chiropractic manipulation. The medical necessity for continued application of chiropractic care, eight sessions over 30 days is not supported by the reviewed medical records that failed to identify any prior objective measurable functional improvement consistent with the prerequisites for additional treatment consideration per CA MTUS chronic treatment guidelines.