

Case Number:	CM15-0166251		
Date Assigned:	09/03/2015	Date of Injury:	03/06/2003
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
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, 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:

This 56 year old woman sustained an industrial injury on 3-6-2003. The mechanism of injury is not detailed. Diagnoses include cervical spine disc bulge with radiculopathy, thoracic spine strain, status post lumbar spine surgery, right shoulder strain, and probable fibromyalgia. Treatment has included oral medications. Physician notes on a PR-2 dated 6-23-2015 show complaints of neck, upper and lower back pain, and right shoulder pain. Recommendations include chiropractic care, pain medicine follow up, orthopedist follow up, soma, Roxicet, urine drug screen, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical and lumbar spines x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and Cervical) 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 requested 12 chiropractic visits for the cervical and lumbar spine. The UR doctor correctly modified the treatment to 6 visits per the above guidelines. The request for treatment (12 visits) is not according to the above guidelines (6 Visits), and therefore the treatment is not medically necessary and appropriate. When the UR doctor approved 6 visits are completed, the doctor will need to document objective functional improvement from the 6 previous visits in order to receive more treatment.