

Case Number:	CM15-0187646		
Date Assigned:	09/29/2015	Date of Injury:	07/02/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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

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 is a 58 year old female who sustained a work-related injury on 7-2-14. Medical record documentation on 3-2-15 revealed the injured worker was being treated for sprain of the neck, dorsal sprain-strain, sprain of the lumbar region and sprain of the wrist. She reported pain in the knees due to rainy weather. An injection in the left trapezius relieved her spasm. Objective findings included decreased range of motion of the cervical spine and the lumbar spine with paravertebral tenderness and spasms, a positive patellofemoral compression test bilaterally and decreased sensation over the left median nerve. A request for chiropractic evaluation and treatment for the wrist and lumbar spine, 12 sessions was received on 8-19-15. On 8-26-15, the Utilization Review physician determined that chiropractic evaluation and treatment for the wrist and lumbar spine, 12 sessions was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro eval and treat x 12 wrist, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. A modification of the request to certify 6 treatments would have been appropriate. Therefore, consistent with medical treatment utilization schedule guidelines the medical necessity for the requested 12 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Therefore is not medically necessary.