

Case Number:	CM15-0193332		
Date Assigned:	10/07/2015	Date of Injury:	05/01/1999
Decision Date:	11/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 53 year old female with an industrial injury date of 05-01-1999. Medical record review indicates she is being treated for lumbar spine sprain and strain, cervical spine fusion cervical 5-6 (2001) and bilateral shoulder sprain and strain. Subjective complaints (09-03-2015) included "flare up" of symptoms. Objective findings (09-03-2015) included tenderness and spasm of bilateral paraspinal. Low back pain was noted with straight leg raising. Flexion is documented as 45 degree, extension as 15 degree, right lateral bending as 15 degree and left lateral bending as 15 degree. Tenderness was noted on exam of cervical spine. Bilateral shoulder exam noted tenderness of paraspinal and upper trapezius; impingement sign was negative. The treating physician documents chiropractic treatments have helped in the past. The treating physician indicated the following in regards to activities of daily living: better able to do housework, cooking, laundry and dressing, improved participation in home exercise program, improved participation in therapy program, able to work and improved sleep pattern. Her medications included Norco, Fexmid and Gabapentin. Norco was discontinued and Ultram was requested (09-03-2015). Prior treatments included chiropractic treatment 14 visits between 01/06/2000- 02/09/2000 and 28 visits between 09/08/2001 and 01/04/2002; other treatments included medications. The treatment plan is for chiropractic care of cervical spine, lumbar spine and bilateral shoulders 2 times per week for 4 weeks. On 09-17-2015 the request for Chiropractic services 2 times a week times 4 weeks in house was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services 2 times a week times 4 weeks in house: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant presented with recent flare-up of chronic neck and low back pain. According to the available medical records, previous chiropractic treatments helped. Based on the guidelines cited, 1-2 chiropractic visits might be recommend every 4-6 months for flare-ups. However, the request for 8 visits exceeded the guidelines recommendation. Therefore, it is not medically necessary.