

Case Number:	CM15-0200844		
Date Assigned:	10/15/2015	Date of Injury:	07/12/2015
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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 24 year old female, who sustained an industrial injury on 7-12-2015. Diagnoses include cervical spine, thoracic spine, and lumbar spine strain-sprain. Treatments to date include activity modification, medication therapy, six (6) chiropractic therapy sessions, and five acupuncture treatments. On 8-25-15, the record documented there were five (5) additional chiropractic therapy sessions and acupuncture treatments remaining. She reported 50% improvement in the injury with no new symptoms. Current medications listed included Meloxicam, Cyclobenzaprine, and Acetaminophen. The physical examination documented tenderness to the trapezius muscles bilaterally. The lumbar spine demonstrated muscle spasm. The plan of care included continuation of chiropractic therapy and acupuncture treatments. On 9-11-15, she reported being 10% better with less pain. The physical examination documented paracervical and trapezius muscle tenderness without muscle spasm. There was tenderness to the thoracolumbar spine and paravertebral musculature. She was re-evaluated on 9-15-15, with no new subjective or objective findings documented. The record documented "the patient is responding well to chiropractic therapy." The plan of care included additional chiropractic therapy sessions. The appeal requested authorization for six (6) chiropractic therapy sessions, three times a week for two weeks, treating the cervical, thoracic, and lumbar spines. The Utilization Review dated 9-28-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic sessions, 3 times a week for 2 weeks for cervical, thoracic and lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Chiropractic Guidelines.

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

Decision rationale: The patient was being treated for cervical spine, thoracic spine, and lumbar spine strain-sprain. Records indicate that the patient received prior chiropractic care. It was reported that the patient obtained 10% improvement from chiropractic treatments. There were no new physical exam findings per report dated 9/15/2015. There was no objective documentation of functional improvement from prior chiropractic treatments. Therefore, additional chiropractic session was not demonstrated to be medically necessary. The provider's request for 6 chiropractic treatments is not medically necessary at this time.