

Case Number:	CM15-0204999		
Date Assigned:	10/21/2015	Date of Injury:	09/25/2012
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 47 year old female, who sustained an industrial injury on 09-25-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for chronic pain, cervical radiculitis status post cervical spine fusion, lumbar disc displacement, failed lumbar back surgery syndrome, lumbar post laminectomy syndrome, and lumbar radiculopathy. Treatment and diagnostics to date has included cervical and lumbar spine MRI's, electromyography-nerve conduction velocity studies, and medications. Recent medications have included Tramadol, Gabapentin, and Naproxen. Subjective data (08-21-2015 and 09-15-2015), included neck, low back, and upper extremity pain. Objective findings (09-15-2015) included spasm noted at C5-7 with spinal vertebral tenderness and limited cervical spine range of motion. The Utilization Review with a decision date of 09-29-2015 modified the request for chiropractic 2 x week x 4 weeks, cervical and lumbar to chiropractic 2 x week x 3 weeks, cervical and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 4 weeks Cervical, Lumbar: Upheld

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

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

Decision rationale: The claimant presented with chronic pain in the neck and back. Previous treatments include medications, injections, chiropractic, physical therapy, and surgeries. According to the available medical records, the claimant has had chiropractic treatments. Total number of visits is not documented, however, there is no evidence of objective functional improvements. The claimant further required surgical procedures for the neck and back. Based on the guidelines cited, the request for additional chiropractic treatments is not medically necessary.