

Case Number:	CM15-0207836		
Date Assigned:	10/26/2015	Date of Injury:	08/06/2015
Decision Date:	12/11/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/22/2015

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 54 year old female who sustained an industrial injury on 8-6-15. She is not working. The medical records indicate that the injured worker has been treated for cervical spine sprain with brachial neuritis; lumbosacral sprain; headaches; bilateral knee sprain. She currently (10-12-15) complains of pain in the neck, mid-back, low back, right shoulder, bilateral knees; headache; right hand numbness. The physical exam revealed painful and decreased range of motion of the cervical and lumbar spine; moderate to severe myospasm of the trapezius, levator, teres, gluteus and quadratus musculature with joint fixation in the cervical and lumbar spine. Knee exam results were not present. Diagnostics include MRI of the lumbar spine (9-25-15) showing L1 compression fracture, multi-level degenerative disc disease and facet arthropathy, grade 1 anterolisthesis, mild canal stenosis. Treatments to date include status post vertebral augmentation; chiropractic exam (10-12-15). The request for authorization was not present. On 10-21-15 Utilization Review non-certified the request for chiropractic sessions 3 times a week for 4 weeks for the cervical and lumbar spine and right and left knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 4 weeks for the cervical, lumbar, left knee, and right knee: 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, low back, bilateral knee, right shoulder, and right wrist. Previous treatments include medication and lumbar vertebral augmentation. According to evidences based MTUS guidelines, a trial of 6 chiropractic visits might be recommended for chronic low back pain, however, chiropractic treatment is not recommended for knee pain. The request for 12 chiropractic visits also exceeded MTUS guidelines recommendation for the low back. Therefore, it is not medically necessary.