

Case Number:	CM15-0020457		
Date Assigned:	02/10/2015	Date of Injury:	08/04/2011
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/03/2015

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 46 year old female, who sustained an industrial injury on 08/04/2011. She has reported subsequent back, shoulder and left lower extremity pain and was diagnosed with cervicalgia and sprain/strain of the thoracic region. Treatment to date has included oral and topical pain medication, physical therapy, acupuncture, and chiropractic treatment. In a progress note dated 01/20/2015 the injured worker complained of pain in the lower back and left shoulder girdle that was rated as a 9/10 without medication and a 6-7/10 with medication. Objective physical examination findings were notable for tenderness from the thoracic to the lower lumbar spine and left paraspinal muscles of the thoracic and lumbar spine. The physician noted that the injured worker had responded well to chiropractic treatment in the past and submitted a request for authorization of 6 additional chiropractic therapy visits was made. On 01/29/2015, Utilization Review non-certified a request for 6 sessions of chiropractic therapy, noting that there was no documentation of functional benefit with previously received chiropractic therapy sessions. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no functional improvement documented. Therefore further chiropractic visits are not medically necessary.