

Case Number:	CM15-0027364		
Date Assigned:	02/19/2015	Date of Injury:	04/01/2003
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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 47 year old female who sustained an industrial injury on 04/01/2003. Current diagnoses include sprain/strain injury to the cervical, thoracic, lumbar spine and upper extremities, left brachial neuritis, and myofascitis. Previous treatments included medication management and prior Chiropractic treatments 4 sessions in 2012. Report dated 01/16/2015 noted that the injured worker presented with complaints that included neck, left arm, left shoulder, left arm numbness, left fingers hypoesthesia, upper mid back, low back, and right arm pain. Pain level was rated as 6-7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/23/2015 non-certified a prescription for Chiropractic 8 visits, 2 times per week for 4 weeks, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 visits - 2 times per week for 4weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: The 01/23/2015 UR determination non-certified a prescription for Chiropractic care, 8 visits, 2 times per week for 4 weeks, based on the clinical information submitted that did not support medical necessity. The request exceeded CAMTUS Chronic Treatment Guidelines that support exacerbation management of 6 sessions versus the 8 requested. The patient last received Chiropractic care in 2012 with no indication of interim receipt of Chiropractic care. Sufficient documentation of exacerbation necessitating Chiropractic care was provided per CAMTUS Chronic Treatment Guidelines that support 6 sessions leading to functional improvement.