

Case Number:	CM15-0210825		
Date Assigned:	10/29/2015	Date of Injury:	10/24/2014
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/27/2015

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: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year old female with a date of injury on 10-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back, neck, shoulder and hip pain. Progress report dated 9-23-15 reports continued significant complaints of pain in the neck, shoulders, lower back and left hip. She has completed 4 sessions of physical therapy with minimal reported improvement. She had significant improvement with chiropractic treatments, improving movement and range of motion. Objective findings: neck range of motion is decreased, spasm, tenderness and enlarged palpable trigger points noted bilaterally, shoulders have decreased abduction, there is mild midthoracic paraspinous muscle spasm and right greater than left lumbar spasm, sensory and motor exams and negative straight leg raises. Treatments include: medication, physical therapy, chiropractic treatment and trigger point injections. Request for authorization was made for an initial trial of chiropractic 8 sessions of the lumbar, neck, shoulder and hip. Utilization review dated 10-5-15 modified the request to approve an initial trial of 6 chiropractic sessions of the lumbar, neck, shoulder and hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 sessions of the lumbar, neck, shoulder and hip: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Shoulder, Hip/Manipulation.

Decision rationale: The patient has not received chiropractic care for her industrial injuries in the past. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Neck & Upper Back and Low Back Chapters recommend a trial of 6 sessions of chiropractic care over 2 weeks. The ODG Hip and Shoulder Chapters recommend 9 sessions of manipulation over 8 weeks. The UR department has reviewed the request and approved 6 initial sessions. The 8 sessions requested do not exceed the ODG recommendations. I find that the 8 initial chiropractic sessions requested to the cervical spine, lumbar spine, shoulder and hip to be medically necessary and appropriate.