

Case Number:	CM15-0211602		
Date Assigned:	10/30/2015	Date of Injury:	06/25/2012
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This is a 59 year old female with a date of injury on 6-25-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Chiropractic progress report dated 7-28-15 reports continued complaints of neck pain that is moderate to severe, frequent, getting better since last visit rated 6 out of 10. She has complaints of lower back pain that is moderate to severe, frequent, getting better since the last visit, rated 7 out of 10. Sacrum pain is moderate to severe, frequent, getting better since the last visit, rated 7 out of 10. Right calf pain is moderate to severe, frequent, getting better since the last visit, rated 4 out of 10. Mid back pain is moderate to severe, frequent, getting better since the last visit, rated 7 out of 10. Objective findings: tender to palpation on the thoracic are, cervical area tender to palpation, tender to palpation to lumbar spine and spinal fixation noted at C5, T4, T8, L5 and sacrum. All findings improved since the last visit. According to the medical records the injured worker having chiropractic treatment since at least 4-1-15. Request for authorization was made for Retrospective request for chiropractic services (DOS: 8/19/15, 8/24/15, 8/26/15). Utilization review dated 9-30-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chiropractic services (DOS: 8/19/15, 8/24/15, 8/26/15): 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 neck and low back pain. According to the available medical records, the claimant has had ongoing chiropractic treatment since 2014, and at least 24 visits completed with treating records in 2015. Reviewed of treating records showed only temporary improvement with no long term functional improvements, the claimant continues to have significant pain that effect her activities of daily living. Based on the guidelines cited, the claimant also exceeded the total number of visits recommended; therefore, the request for additional chiropractic visits is not medically necessary.