

Case Number:	CM15-0214958		
Date Assigned:	11/04/2015	Date of Injury:	09/17/2009
Decision Date:	12/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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 52 year old female who sustained an industrial injury on 9-17-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical and lumbar radiculopathy and rule out cervical, thoracic and lumbar herniated nucleus pulposus (HNP). According to the progress report dated 9-14-2015, the injured worker complained of neck pain with right upper extremity symptoms. She reported pins and needles with cramping in the right side of her neck, radiating into the right shoulder. She also complained of aching pain and pins and needles in the left hip and bilateral knees. The injured worker stated that she did not wish to proceed with therapy, as it only provided temporary benefit; she wanted to be treated with medications only. Objective findings (9-14-2015) revealed tenderness about the cervical, thoracic and lumbar spine. There were positive lumbar spasms bilaterally. Upper extremity sensation was decreased to the left C5 dermatome and the right C6, C7 and C8 dermatomes. Lower extremity sensation was decreased to the left L3, L4, L5 and S1 dermatomes. Treatment has included chiropractic treatment (3 years ago), acupuncture, epidural steroid injections and medications. Current medications (9-14-2015) included Relafen, Flexeril, Omeprazole and Gabapentin cream. The original Utilization Review (UR) (10-5-2015) denied a request for 12 chiropractic sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic therapy sessions for cervical and lumbar spine: 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 and low back. Previous treatments include chiropractic, acupuncture, medications, and injections. Although there is no previous chiropractic treatments records and outcomes assessment, the claimant noted that therapy only provide temporary benefits. While current progress report did not document any recent flare-ups, the request for 12 chiropractic visits also exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.