

Case Number:	CM15-0221663		
Date Assigned:	11/17/2015	Date of Injury:	12/04/2014
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/11/2015

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, Minnesota

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 12-04-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervicalgia, cervical radiculopathy, lumbar stenosis, and lumbar spondylosis. Medical records (04-29-2015 to 10-02-2015) indicate ongoing neck pain with radiating pain into both shoulders and upper extremities, and low back pain radiating into both lower extremities. Pain levels were 8-9 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the cervical spine, dated 10-02-2015, revealed tenderness, guarding and spasms of the paraspinal muscles and sub-occipital region. Relevant treatments have included physical therapy (PT), acupuncture and chiropractic treatments, which were noted as limited, work restrictions, and medications. The request for authorization (10-12-2015) shows that the following treatment was requested: 6 sessions of chiropractic treatment to the cervical spine (outpatient). The original utilization review (10-15-2015) non-certified the request for 6 sessions of chiropractic treatment to the cervical spine (outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatment to the cervical 2 times per week over 3 weeks:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic treatment to the cervical spine 2 times per week over 3 weeks or 6 visits. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive more treatment, the doctor must document objective functional improvement from these 6 approved visits.