

Case Number:	CM15-0035548		
Date Assigned:	03/04/2015	Date of Injury:	07/25/2014
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey

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 39-year-old female who reported an injury on 07/25/2014 due to performing her usual and customary job duties. On 02/27/2015, she presented for a follow-up evaluation regarding her work related injury. She reported low back and neck pain with the neck pain being rated at a 7/10. She also reported joint pain and numbness. A physical examination showed that the neck had decreased and painful range of motion with tenderness to palpation. She was diagnosed with a lumbar sprain and strain, lumbar radiculopathy, and chronic pain syndrome. She was noted to be taking trazodone and Ultram for pain. The treatment plan was for 6 chiropractic therapy sessions. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines indicate that chiropractic therapy is recommended with a trial of 6 sessions and a maximum duration of 8 weeks. It is not recommended for the ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, or knee. The documentation provided does show that the injured worker was symptomatic regarding the lumbar spine and neck. However, the body part that chiropractic therapy is being requested for was not stated within the request and was not evident within the documentation provided. Without this information, the requested chiropractic therapy sessions would not be supported. As such, the request is not medically necessary.