

Case Number:	CM15-0035777		
Date Assigned:	03/04/2015	Date of Injury:	04/24/2002
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
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: 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 44 year old female who sustained an industrial related injury on 4/22/02. The injured worker had complaints of neck and back pain. The diagnoses included cervical facet joint pain at C4-6, cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical facet joint pain, thoracic disc protrusion, thoracic radiculopathy, thoracic stenosis, thoracic degenerative disc disease, and thoracic facet joint pain. Treatment included chiropractic treatment. The treating physician requested authorization for chiropractic therapy provided on 2/13/15. On 2/24/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no evidence that prior chiropractic treatment had resulted in any significant functional improvement. There was no treatment frequency or duration listed leaving this request as a single request for one date of service. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, provided on February 13, 2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back 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 therapy for one date, 02/13/15. This request is well within the above guidelines and therefore is medically necessary. As long as this treatment does not become a maintenance treatment pattern and also document objective functional improvement from this treatment, the injured worker should be given more care according to the above guidelines.