

Case Number:	CM15-0037766		
Date Assigned:	03/06/2015	Date of Injury:	09/20/2000
Decision Date:	04/14/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/27/2015

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, Oriental Medicine

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 61 year old female who sustained a work related injury on September 20, 2000, incurring neck and back injuries. She was diagnosed with cervical spine disease, degenerative disc disease, and bilateral neural foraminal stenosis, osteopenia and lumbar and cervical anterolisthesis. Treatment included chiropractic treatment, physical therapy and pain medications. Currently, in January, 2015, the injured worker complained of headaches, mid back and neck pain and stiffness. On March 9, 2015, a request for a service of seven chiropractic manipulations 2-3 times week, 1-2 times biweekly and 1-2 times monthly, was non-certified by Utilization Review, noting the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Chiropractic manipulation 2-3 times weekly, 1-2 times biweekly, 1-2 times monthly:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The reviewed medical records reflect a UR determination dated 1/24/15 denying a request for 7 Chiropractic visits from 1/12/15 through 3/23/15 (2-3xs per wk, 1-2 weeks and 1-2xs monthly. The determination cited the 61 year old female patient receiving 20 Chiropractic visits in 2014 without clinical evidence of objective functional improvement supporting additional care. CAMTUS Chronic Treatment Guidelines were referenced. The subsequent request for Chiropractic care on March 9, 2015 appears to be the same request as reviewed 1/24/15 with no reference to the prior denial of care. The reviewed medical records support the UR determination to deny the requested 7 Chiropractic visits requested in January and March 2015. Clinical evidence of functional improvement required by the referenced CAMTUS Chronic Treatment Guidelines was not provided in both requests for care leaving no clinical evidence of medical necessity for continued care after the 20 provided visits in 2014.