

Case Number:	CM15-0039908		
Date Assigned:	03/10/2015	Date of Injury:	11/14/2012
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 56 year old female who sustained an industrial injury on November 14, 2012. She has reported constant neck and left shoulder pain and has been diagnosed with cervical spine sprain/strain with radicular complaints and lumbar spine sprain/strain with radicular complaints. Treatment has included medications. Currently the injured worker showed tenderness to palpation over the paracervical and trapezial musculature. There was a positive cervical distraction test. There was tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. The treatment plan included medication, EMG, and Chiropractic treatment. The UR determination of 2/9/15 denied further Chiropractic care citing CAMTUS Chronic Treatment Guidelines for manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation Page(s): 58-60.

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 2/9/15 UR determination denied additional Chiropractic care based on the submitted medical records that failed to address the patient's prior treatment history of Chiropractic care leading to objective clinical evidence of functional gains/improvement. The review found no clinical records of pain modification with prior care or reported objective improvement with applied care. The denial of additional Chiropractic care 2x4 to the cervical spine and lumbar spine was appropriate and supported by referenced CAMTUS Chronic Treatment Guidelines. The medical necessity for additional care was not found in the medical records or reflective that prior care lead to functional improvement as required by CAMTUS Chronic Treatment Guidelines.