

Case Number:	CM15-0040033		
Date Assigned:	03/10/2015	Date of Injury:	09/30/2010
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
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 41 year old female, who sustained an industrial injury on September 30, 2010. She has reported neck pain, lower back pain, bilateral shoulder pain, and bilateral wrist pain. Diagnoses have included neck sprain/strain, lumbar spine disc displacement, lumbar spine sprain/strain, right and left shoulder myoligamentous injury, and bilateral carpal tunnel syndrome. Treatment to date has included medications, surgery, Chiropractic and Acupuncture therapy, trigger point injection and a transcutaneous electrical nerve stimulation unit. A progress note dated January 28, 2015 indicates a chief complaint of neck pain with numbness, tingling and muscle spasms with pain radiating to the bilateral arms, lower back pain radiating to the left leg, bilateral shoulder pain and bilateral wrist pain. The treating physician documented a plan of care that included medications, therapy, Chiropractic treatment, diagnostic studies, and bilateral wrist braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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 UR determination of 2/6/15 denied further Chiropractic care, 2x4 to the lumbar spine based on reviewed records and CAMTUS Chronic Treatment Guidelines. The patient received prior Chiropractic care before the reexamination of 1/28/15 with no documentation that applied care lead to any clinical evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. The UR determination of 2/6/15 was reasonable and appropriate given the medical records that failed to address what functional gains the patient experienced prior to the 1/28/15 request. Records reviewed failed to outline medical necessity for the requested 2x4 Chiropractic care and lacked evidence of prior functional gains with Chiropractic utilization.