

Case Number:	CM15-0041818		
Date Assigned:	03/12/2015	Date of Injury:	11/14/2012
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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 11/14/2012. Current diagnoses include cervical spine sprain/strain with radicular complaints and lumbar spine sprain/strain with radicular complaints. Previous treatments included medication management and prior chiropractic therapy. Per a Pr-2 dated 1/13/2015, the claimant reports that she is feeling better since she started chiropractic care. Report dated 02/10/2015 noted that the injured worker presented with complaints that included constant neck and left shoulder pain. Physical examination was positive for abnormal findings. The treatment plan included request for NCV/EMG exam of the upper extremities, chiropractic treatment two times per week for four weeks, and a prescription for Tramadol. The claimant is working full duty.

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 Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24-visit maximum or the total number of chiropractic sessions. However, the claimant did already have chiropractic with no documented functional improvement. Therefore, further chiropractic visits are not medically necessary.