

Case Number:	CM15-0043026		
Date Assigned:	03/13/2015	Date of Injury:	12/18/2013
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Chiropractic

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 51 year old female, who sustained an industrial injury on 12/18/2013. She reported neck, back, bilateral arms, left hip, right foot and knee pain. The injured worker is currently diagnosed as having cervical and lumbar musculoligamentous sprain/strain and right hand, thumb, wrist, and right foot contusion and sprain. Treatment to date has included aquatherapy, acupuncture, lumbar MRI, home exercise program, and medications. In a progress note dated 11/14/2014, the injured worker presented with complaints of constant neck and low back pain. According to the application, the treating physician is requesting authorization for 8 initial chiropractic treatment sessions to the neck and lower back. The UR department has modified the request and approved an initial trial of 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, two sessions a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections.

Decision rationale: The patient has not received prior chiropractic care for her injuries. The PTP requested an initial trial of 6 sessions of chiropractic care. The carrier has modified the request in accordance with The MTUS guides and approved 6 sessions. The MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of 6 sessions of manipulation. The ODG Neck & Upper Back and Low Back recommend the same. Additional visits are warranted with evidence of objective functional improvement. I find that the 8 chiropractic sessions requested to the cervical and lumbar spine not medically necessary and appropriate.