

Case Number:	CM15-0047645		
Date Assigned:	03/19/2015	Date of Injury:	12/09/2014
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/13/2015

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 48 year old female, who sustained an industrial injury on 12/9/14. She reported initial complaints of neck and low back. The injured worker was diagnosed as having lumbosacral discogenic pain; lumbar ligamentous/myotendinous sprain/strain; cervical hyperflexion/extension injury - resolved. Treatment to date has included chiropractic care and physical therapy modalities. Currently, PR-2 notes, the injured worker indicates continued improvement of mid back and neck pain and stiffness per the chiropractic care completed. The provider notes demonstrate the injured worker has completed twenty of twenty-two visits. He is recommending the additional chiropractic treatment w/physiotherapy 1x4 and chiropractic treatment w/physiotherapy 2x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment w/ Physiotherapy: 2 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 175.

Decision rationale: Patient has had prior chiropractic treatments. Provider requested additional 4 chiropractic sessions for cervical and lumbar spine. Currently, PR-2 notes, the injured worker indicates continued improvement of mid back and neck pain and stiffness per the chiropractic care completed. The provider notes demonstrate the injured worker has completed twenty of twenty-two visits. Requested visits exceed the quantity supported by cited guidelines. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. No additional Chiropractic care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 4 Chiropractic visits are not medically necessary.

Chiropractic Treatment w/ Physiotherapy: 1 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: Patient has had prior chiropractic treatments. Provider requested additional 4 chiropractic sessions for cervical and lumbar spine. Currently, PR-2 notes, the injured worker indicates continued improvement of mid back and neck pain and stiffness per the chiropractic care completed. The provider notes demonstrate the injured worker has completed twenty of twenty-two visits. Requested visits exceed the quantity supported by cited guidelines. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. No additional Chiropractic care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 4 Chiropractic visits are not medically necessary.