

Case Number:	CM15-0053810		
Date Assigned:	03/27/2015	Date of Injury:	10/20/2008
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/20/2015

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 52 year old female, who sustained an industrial injury on 10/20/09. She reported neck, low back, right arm pain, right elbow pain, and bilateral hand pain. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, and cervical sprain/strain. Treatment to date has included a Toradol injection, a vitamin B-12 injection, a transforaminal epidural steroid injection at L4-5 on 8/5/14, electroacupuncture, and a home exercise program. Currently, the injured worker complains of right shoulder, right upper arm, and right hand pain. The treating physician requested authorization for chiropractic care 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care (2 x 4): 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 : 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 2/19/15 UR determination denied the request for Chiropractic care, 2x4 to manage reported lower back complaints arising from a 2009 DOI. Medical management prior to this request for additional care included 9 Chiropractic visits with the Chiropractic records reviewed finding no documentation of functional improvement, a prerequisite for consideration of additional treatment. The medical records reviewed failed to document the medical necessity for further Chiropractic care by addressing the objective functional gains made with the preceding care referenced CA MTUS Chronic Treatment Guidelines require evidence of functional gains prior to consideration of additional care of which none was provided. The denial of further care was appropriate and supported by referenced guidelines. The request is not medically necessary.