

Case Number:	CM15-0059379		
Date Assigned:	04/03/2015	Date of Injury:	12/10/2010
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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 60 year old female, who sustained an industrial injury on December 10, 2010. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral shoulder pain, cervical radiculopathy and chronic pain syndrome. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatment, acupuncture and medications. On February 26, 2015, the injured worker complained of that, her neck is "killing her." Physical examination of the cervical spine revealed tenderness and pain on the right greater than the left. The treatment plan included medications, cervical epidural steroid injections and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week times four weeks for the lumbar spine: Upheld

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

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

Decision rationale: The UR determination of 3/19/15 denied the request for 2x4 Chiropractic care for the patients lower back. CAMTUS Chronic Treatment Guidelines were cited to support the determination. Reviewed medical records found reference to prior physical therapy and Acupuncture, but no Chiropractic care. Clinical evidence of an acute presentation was provided in the PR-2/request for care on 2/26/15. The patient presented with progressively worse lower back pain versus cervical pain. The reviewed medical records support the medical necessity for an initial trial of Chiropractic manipulation of the lower back, 6 sessions; 8 sessions exceeds referenced guidelines. Therefore the request is not medically necessary.