

Case Number:	CM15-0059448		
Date Assigned:	04/06/2015	Date of Injury:	12/04/2011
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
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 37 year old female, who sustained an industrial injury on December 4, 2011. She reported neck and low back pain. The injured worker was diagnosed as having lumbar disk herniation, facet arthropathy of the lumbar spine, chronic neck and back pain and cervical disc herniation with mild to moderate stenosis. Treatment to date has included radiographic imaging, diagnostic studies, right shoulder surgery, physical therapy, chiropractic care, acupuncture, medications and work restrictions. Currently, the injured worker complains of neck pain, low back pain, right shoulder pain, leg pain and headaches. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued complaints as noted above. Chiropractic care for the cervical and lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 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 Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/23/15 denied the request for Chiropractic therapy to the patient's lower back and neck supported by CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect a prior course of manipulation not referenced in the current request for 8 additional visits. Although prior care was provided, the PTP failed to address these visits in terms of any documented functional improvement sufficient to support additional care per CAMTUS Chronic Treatment Guidelines. The medical records reviewed failed to address the medical necessity of additional Chiropractic treatment, 2x4 or 8 additional sessions by documentation of functional improvement that per CAMTUS Chronic Guidelines is required before consideration of additional care. Therefore is not medically necessary.