

Case Number:	CM15-0067491		
Date Assigned:	04/15/2015	Date of Injury:	08/11/2010
Decision Date:	07/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 08/11/2010. She reported an injury to the right side during a fall. She developed other symptoms such as cervical strain and sprain, and lumbar sprain and strain, and right hip sprain with right knee sprain strain. The injured worker was diagnosed as having brachial neuritis not otherwise specified, cervical radiculopathy, lumbo sacral radiculopathy, abdominal pain, acid reflux. The IW also has hypertension. Treatment to date has included management with a pain management specialist, oral and topical medications, chiropractic care, aquatherapy, lumbar epidural steroid injections at L5-S1 on the right side, and cervical epidural injections. Currently, the injured worker complains of back and neck pain described as aching, constant, sore and tight. She reports the pain ranges from 5-10/10 in intensity. On examination there are no focal neurologic changes, the worker is alert and oriented with normal mood and affect, no loss of coordination, and no acute distress. There is little lumbosacral paraspinal tenderness, straight leg raises are negative, and there is some left-sided cervical paraspinal tenderness. The plan of care includes a refill of Neurontin, and ongoing monitoring of medication compliance. A request for authorization was submitted for Outpatient Chiropractic Treatment twelve (12) sessions to the back. Per a PR-2 dated 11/6/2014, the claimant reports little change in her symptoms. She has had a course of chiropractic and is just starting aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Treatment twelve (12) sessions to the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24-visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no functional improvement. Therefore, further chiropractic visits are not medically necessary.