

Case Number:	CM15-0080266		
Date Assigned:	05/01/2015	Date of Injury:	08/18/2014
Decision Date:	06/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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 24 year old female, who sustained an industrial injury on 8/18/2014. She reported low back pain while transferring a resident from chair to bed. The injured worker was diagnosed as having lumbar spine strain/sprain. Treatment to date has included diagnostics, medications, modified work, and physical therapy. 6 chiropractic visits were approved on 11/25/2014 (4 visits 3/10/15 to 3/21/15). A progress report dated 1/07/2015, noted that she attended chiropractic visits (unspecified) and was not sure whether or not her symptoms were improved. The progress report dated 2/11/2015, noted worsening symptoms after her chiropractor performed manipulation of her cervical spine, causing significant neck pain and hand weakness. Currently (3/11/2015), the injured worker complains of improving low back pain, neck pain, and left hand weakness. She attended 2 acupuncture sessions. Overall her symptoms were stable and she was working full duty. Medication use included Ibuprofen. She reported finding a new chiropractor and six additional chiropractic visits were requested. Additional acupuncture was yet to be completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6 visits for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment guidelines recommend manual therapy and manipulation for chronic pain. Chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Records indicate that the patient had prior chiropractic care in the past. The patient reported of worsening symptoms after manipulation of her cervical spine. There was no evidence of objective functional improvement from prior chiropractic care. Therefore, the provider's request for 6 chiropractic session to the cervical and lumbar spine is not medically necessary.