

Case Number:	CM15-0083214		
Date Assigned:	05/05/2015	Date of Injury:	09/25/2014
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 24 year old female who sustained an industrial injury on 9/25/14. The injured worker was diagnosed as having cervical spine strain, bilateral shoulder strain and lumbar strain. Currently, the injured worker reported complaints of pain in the back, bilateral shoulders and neck. Previous treatments included activity modification, oral muscle relaxants, non-steroidal anti-inflammatory drugs and physical therapy. Previous diagnostic studies were not noted. The injured worker pain rating was not noted. Objective findings on 12/10/14 noted tenderness to paracervical region, no antalgic gait, negative straight leg raises, mild tenderness to bilateral shoulder, trapezius tenderness and peril-scapular tenderness. The plan of care was for chiropractic treatments. The plan of care was for chiropractic treatments. Six visits were certified on 4/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 12 to the entire spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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. The claimant did already have a trial of treatments approved. There is no documentation of functional improvement from the authorized chiropractic trial. Therefore, further chiropractic visits are not medically necessary.