

Case Number:	CM14-0119070		
Date Assigned:	08/06/2014	Date of Injury:	01/05/2014
Decision Date:	10/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48 year old female who sustained a work related injury on 1/5/2014. Per a PR-2 dated 6/18/2014, the claimant has severe headaches, vision disturbances, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, low back pain, bilateral knee pain, and right ankle pain. She is temporarily totally disabled. Her diagnoses are visual disturbance, headaches, cervicgia, cervical disc displacement, rule out radiculopathy of the cervical region, bilateral shoulder pain, rule out injury of the muscles, bilateral elbow pain, bilateral wrist pain, low back pain, intervertebral disc displacement lumbar region, rule out radiculopathy in the lumbar region, bilateral knee pain, pain in the right ankle and the joints of the foot, mood disorders, anxiety disorders, stress, and sleep disorders. According to a prior UR review, the claimant has had at least 13 sessions of chiropractic from 3/18/14 to 5/22/14. Other prior treatment includes acupuncture, physical therapy and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 8 sessions (2x4) Cervical spine, bilateral shoulders, lumbar spine and bilateral knees.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Page(s): 48.

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 weeks. It is unclear how many total visits of chiropractic have been received by the claimant. However the claimant has had at least 13 sessions of chiropractic with no functional improvement documented by the provider. Therefore further chiropractic visits are not medically necessary.