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| Case Number: | CM14-0210569 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 04/29/1997 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/10/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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. 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 68 year old female who reported neck and low back pain from injury sustained on 04/29/97. She was coming down off of a ladder, when she missed the last step, causing her to fall and striking her head and multiple parts. Patient is diagnosed with cervicalgia, pain in thoracic spine, lumbago, disorders of sacrum. Patient has been treated with right knee arthroplasty in 2008, medication, and chiropractic. Per medical notes dated 11/28/14, patient complains of neck pain, spasm, bilateral shoulder tightness, bilateral arm numbness and tingling. According to utilization review, per medical notes dated 12/01/14, patient complains of headaches, neck pain, mid back and low back pain. Patient has cervical and thoracic symptoms are said to be constant since the date of injury, headaches and low back pain are more intermittent in nature. Examination revealed restricted range of motion and tenderness to palpation. Provider requested additional 6 chiropractic sessions for cervical and lumbar spine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of outpatient chiropractic manipulation for the cervical and lumbar spine:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for cervical and lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.