

Case Number:	CM14-0210850		
Date Assigned:	12/23/2014	Date of Injury:	02/25/2010
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
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:

Claimant is a 41 year old female who sustained a work related injury on 2/25/2010. She has not been seen for several months due to being hospitalized for meningitis. She continues to complain of axial pain occasionally radiating down to her right lower limb with numbness and tingling. Examination findings show positive Spurling, trigger points in the head and neck, limited cervical range of motion. Her diagnoses are cervical radiculopathy and fibromyalgia. Per a PR-2 dated 6/24/2014, the claimant had relief from chiropractic, trigger point injections, and cervical epidural injections. Work restrictions increased from 6/10/2014 to 10/15/2014. Per a Pr-2 dated 7/2/14, the claimant has responded well to chiropractic and pain level has decreased, range of motion has increased, tenderness decreased, and strength increased. Prior review dated 12/8/2014 states that the provider started requesting maintenance care starting June 2014 when she reached maximal improvement around that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit or the number of total visits rendered. The provider states there has been subjective improvement. However, the claimant did already have chiropractic treatments with no documented objective improvement. Also functional status appears to be deteriorating with increasing work restrictions. Therefore further visits are not medically necessary.