

Case Number:	CM14-0212707		
Date Assigned:	12/30/2014	Date of Injury:	09/07/1999
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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 patient is a 47-year-old female with a date of injury of 9/7/1999. According to the progress report dated 11/19/2014, the patient complained of head, neck, and low back pain. The head pain was rated at 6/10, the neck pain was at 7/10, and the low back pain was at 9/10. The low back pain was described as throbbing and stabbing pain. There was numbness and tingling from the hip to the knee. The patient reported that the pain was worsening. Cervical spine exam revealed moderate paraspinal tenderness bilaterally, negative Spurling's test, and negative Lhermitte's sign. There was decreased range of motion in the cervical spine with pain. The lumbar exam revealed positive straight leg raise on the right and positive sciatic tension test. There was moderate paraspinal tenderness bilaterally at levels L4-L5. There was decrease range of motion in the lumbar spine with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 6wks lumbar and cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: According to the MTUS guidelines, 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. The guideline recommends 1-2 visits every 4-6 months if return to work is achieved with re-evaluation of treatment success for patients with a flare up. According to the report dated 11/19/2014, the patient indicated that she has been receiving chiropractic treatment and the improvement was limited. The patient reported of a flare up of the low back. The guidelines recommend 1-2 visits for patients with a flare up. The provider's request of 12 chiropractic sessions to the cervical and lumbar spine exceeds the guidelines recommendation. Therefore, the provider's request is not medically necessary at this time. In addition, there was no documentation of functional improvement from prior chiropractic care to warrant additional chiropractic sessions.