

Case Number:	CM15-0010138		
Date Assigned:	01/27/2015	Date of Injury:	08/14/2013
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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

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 50 year old female, who sustained an industrial injury on 08/14/2013. She had reported the symptoms of pain to the neck, left elbow, and low back secondary to being attacked. The injured worker was diagnosed with anxiety, anxiety state not otherwise specified, panic attack disorder, posttraumatic stress disorder, sleep disturbance not otherwise specified, shoulder stain/sprain, elbow or forearm sprain/strain, hip and thigh strain/sprain, cervical strain/sprain, thoracic strain/sprain, and lumbar strain/sprain. Treatment to date has included an oral and topical medication regimen, chiropractic therapy, x-ray of the lumbar and cervical spine, physical therapy, electroencephalogram, magnetic resonance imaging of the brain, home exercise program, and use of transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of anxiety and low back pain. The treating physician requested additional chiropractic therapy however the documentation does not indicate the reason for additional chiropractic therapy. On 01/09/2015 Utilization Review non-certified the request for outpatient additional chiropractic treatments of six sessions to the cervical spine from 01/09/2015 to 04/09/2015, noting the Medical Treatment Utilization Schedule page 59 to 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy 3 x 3, to the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with chronic neck and low back pain. Previous treatments include medications, physical therapy, chiropractic, TENS unit, and home exercise program. Reviewed of the available medical records showed the claimant has completed 6 chiropractic treatments with significantly reduce her low back pain level from 9/10 to 1/10, and her neck pain level from 9/10 to 4/10, cervical and lumbar ROM also increased. Based on the guidelines cited, the request for additional 9 chiropractic therapy sessions is medically necessary and appropriate.