

Case Number:	CM15-0015417		
Date Assigned:	02/11/2015	Date of Injury:	12/14/2009
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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, Minnesota
 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:

This 47-year-old female reported a work-related neck and shoulder injury on 12/14/2009. According to the follow-up evaluation from the treating provider dated 12/8/2014, the diagnoses are neck pain, cervical stenosis and right shoulder pain. She reports neck and right shoulder pain. Previous treatments include medications and chiropractic treatment. The treating provider requests additional chiropractic treatment. The Utilization Review on 12/30/2014 non-certified the request for additional chiropractic treatment, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of

objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested additional chiropractic treatment for an unknown period time and unknown number of visits with no evidence of objective functional improvement from previous care nor the number of visits completed to date. The request for further treatment is not according to the above guidelines and is therefore not medically necessary.