

Case Number:	CM15-0017045		
Date Assigned:	02/05/2015	Date of Injury:	06/12/1995
Decision Date:	03/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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:

The injured worker is a 68 year old female, who sustained an industrial injury on 6/12/95. She has reported back pain. The diagnoses have included cervical spondylosis, cervical radiculopathy, lumbar stenosis chiropractic sessions 3 times a week times 8 weeks for 24 sessions and spasmodic torticollis. Treatment to date has included activity restrictions, chiropractic treatments, medications, Botox injections and acupuncture. (MRI) magnetic resonance imaging of cervical spine revealed cervical spondylosis at multiple levels, most notably at C5-6. Currently, the injured worker complains of moderate neck pain with burning and cramping and moderate low back pain. Physical exam dated 12/22/14 revealed mildly limited range of motion of cervical spine. On 1/22/15 Utilization Review non-certified chiropractic sessions 3 times a week times 8 weeks for 24 sessions, noting there is no documentation to support the requested treatments. The MTUS, ACOEM Guidelines, was cited. On 1/22/15, the injured worker submitted an application for IMR for review of chiropractic sessions 3 times a week times 8 weeks for 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 Times A Week for 8 Weeks to The Cervical SPine: 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 chiropractic 3 times per week for 8 weeks. This request is not according to the above guidelines and is therefore not medically necessary.